Government of Saskatchewan

Annual Report 2004-2005

Saskatchewan Health

Saskatchewan Centennial 2005

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The Saskatchewan Health 2004-05 Annual Report is also available online at:
www.health.gov.sk.ca

Letters of Transmittal

To Her Honour
The Honourable Dr. Lynda M. Haverstock
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I respectfully submit, for your consideration, the annual report for Saskatchewan Health for the fiscal year ending March 31, 2005.

This report continues to reflect a move toward greater accountability within government and Saskatchewan Health in particular as we strive to offer the best possible health care to all residents of Saskatchewan.

Respectfully submitted,

John T. Nilson Q.C.
Minister of Health

To the Honourable John T. Nilson Q.C.
Minister of Health

Minister:

On behalf of the staff of Saskatchewan Health, I am pleased to present to you the department's annual report for your consideration. In accordance with *The Department of Health Act*, *Medical Care Insurance Act*, and *The Vital Statistics Act*, this report covers the activities of the department for the fiscal year ending March 31, 2005.

The various branches of Saskatchewan Health did an exceptional job of planning, monitoring expenses and reporting results. This report on the department's progress was made possible by their efforts.

Respectfully submitted,

John Wright
Deputy Minister

Introduction

This report on the activities of Saskatchewan Health covers the fiscal year 2004-05. Much of this report documents the department's progress in accomplishing its performance plan for the year. You will also find a summary of key results, the department's organizational structure, a detailed progress report, and appendices of important reference documents about the department, such as a directory of services. For a report comparing Saskatchewan's health services with those in other provinces, see the *Saskatchewan Comparable Health Indicator Report* found under "Publications" at **www.health.gov.sk.ca**.

Saskatchewan Health faces ongoing challenges in strengthening the health care system, retaining and recruiting health care workers and professionals, providing timely access to quality services and planning for the sustainability of a system that faces increasing demand for services across the province.

Skilled, dedicated people are at the heart of the health system, and Saskatchewan Health has targeted improvements in training, workplace safety, and other human resources practices to help retain and recruit the health care workers and professionals needed to meet demand for health services. The department also recognizes the need to improve wait times for surgeries and diagnostic imaging. Progress is being made, but further work is needed in these areas.

The 2004-05 year was a time of dramatic developments for publicly funded health care.

Heading into the year, Saskatchewan Health set targets for continued progress on *The Action Plan for Saskatchewan Health Care*, and looked to regional health authorities (RHAs) to do the same.

With provincial/territorial/federal talks progressing on the future of health care, there was also hope that in future years federal funding might be partially restored to previous levels, allowing further investment in key areas.

A welcome development came as a result of the negotiations. Not only was new money coming for health care, the first injection of federal funding came immediately.

While representing only a small portion of annual health spending in Saskatchewan, the effect of $66 million in new federal money during 2004-05 should not be underestimated. The money was quickly directed to important initiatives to address immediate needs like the following:

- diagnostic and surgical waiting lists;
- retaining health care professionals;
- capital equipment and infrastructure;
- quality improvements; and
- investments in information technology.

Most of the new funding was passed on to health regions, where frontline health services are provided.

The remainder of the funding was invested in information technology (IT) improvements for the diagnostic imaging waitlist registry, the radiology information system, and other projects.

The priorities agreed to by federal, provincial and territorial health ministers closely match the existing priorities of *The Action Plan for Saskatchewan Health Care*, and will be reflected in future performance plans for Saskatchewan Health and regional health authorities.

In keeping with the department's commitment to openness and accountability, we publish each year's Performance Plan on the Saskatchewan Health Web site at **www.health.gov.sk.ca**, and provide a summary of progress toward these objectives in the form of this annual report.

Our goal is to improve the quality of health services and access to care, while ensuring our health care system is sustainable into the future.

Milestones

Accomplishments in 2004-05 includes the following:

- Addition of new equipment and staff resulted in increased volume of CT scans and MRIs.
- New linear accelerators installed in Regina and Saskatoon for cancer treatment.
- $31 million in capital construction spending, including the All Nations' Healing Hospital, which opened in Fort Qu'Appelle.
- Expansion of Telehealth services to a total of 18 sites.
- Renal satellite services added in North Battleford.
- Introduction of a smoking ban January 1, 2005, prohibiting smoking in enclosed public places.
- Supreme Court rejection of an appeal against Saskatchewan's law prohibiting retailers from displaying tobacco products where children can see them.
- Addition of three new vaccines to school age immunization program.
- Contingency planning against the threat of a global flu pandemic.
- Responses to 73,549 calls to the toll-free HealthLine during 2004-05.
- Funding for $10 million in information technology initiatives aimed at innovative improvements to health care administration.
- Introduction of the Maximum Allowable Cost policy to encourage cost effective prescribing by doctors. This policy establishes a maximum price the Drug Plan will cover for similar drugs used to treat the same condition.

Who We Are

Saskatchewan Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. We carry out this mandate by establishing policy direction, setting and monitoring standards, providing funding, supporting regional health authorities and ensuring the provisions of essential and appropriate services to Saskatchewan residents.

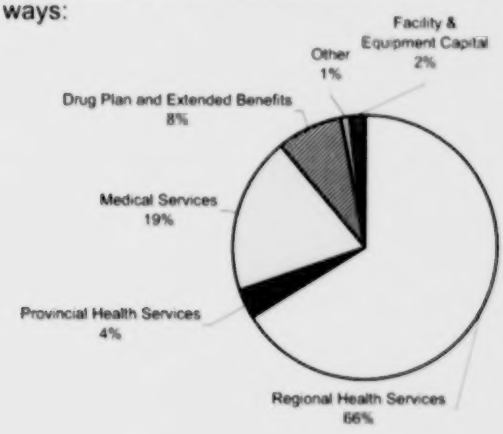
Overseeing a complex, multifaceted health care system calls for clarity, consistency and commitment. We clearly defined our long-term goals in *The Action Plan for Saskatchewan Health Care*, consistently applied these goals to specific annual plans for Saskatchewan Health and regional health authorities, and committed to measurable results.

We are particularly committed to changes that will improve the health care system and make it sustainable into the future.

In 2004-05, the Saskatchewan Government budgeted $2.7 billion for health care.

This represented an increase of 6.9% or $173 million over the previous year. The government invested 44% of total program spending on health care.

These dollars were allocated in the following ways:


Facility & Equipment Capital 2%
Other 1%
Drug Plan and Extended Benefits 8%
Medical Services 19%
Provincial Health Services 4%
Regional Health Services 66%

$70.3 million in additional funding was required to provide for expansion of childhood immunization programs, health sector employee extended health benefit program, . reducing surgical backlogs, expanding diagnostic capacity, retaining health care providers, pursuing health system quality improvements, as well as for capital equipment and infrastructure replacement.

Saskatchewan Health works closely with its many partners in the health sector to deliver high quality services. Internally, the department is organized into 18 branches, each working to ensure the health system remains accountable to the people of the province and sustainable into the future.

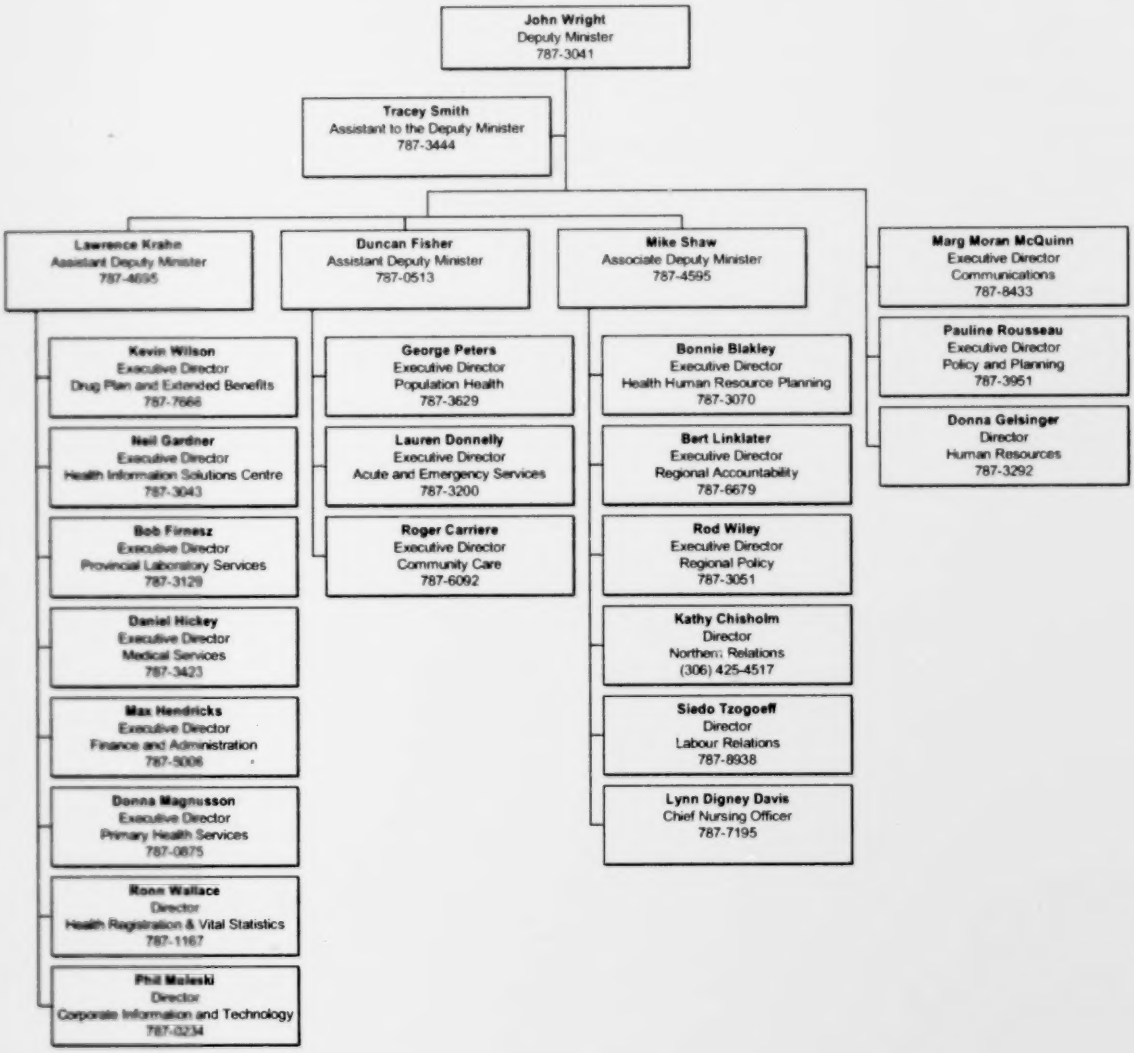
In Canada, both the federal and provincial governments play a major role in the provision of health care. The federal government provides funding to support health through the Canada Health Transfer. It also provides health service to certain members of the population (eg. veterans, military personnel and First Nations people on reserve). Provincial governments are responsible for most other aspects of health care delivery.

The need for continued investment in Saskatchewan's health system is clear. However, we need to achieve a balance between high public expectations for acute care services and the need to control costs and invest in long-term public health improvements.

We believe in the value of primary health care as a better way to serve the people of our province while we seek to slow the growth of health care costs. In this balanced way, we will work to ensure our health care system runs effectively and efficiently, providing high quality care for generations to come.

Organizational Chart as of March 31, 2005

EXECUTIVE ORGANIZATION CHART - SASKATCHEWAN HEALTH
MINISTER OF HEALTH - THE HONOURABLE JOHN T. NILSON, Q.C.



2004-05 Results at a Glance

2004-05 Results at a Glance

Three years after the introduction of the *Action Plan for Saskatchewan Health Care*, Saskatchewan Health continues to implement the plan and see movement toward its goals. In 2004-05, we worked with regional health authorities (RHAs), the Saskatchewan Cancer Agency and our other partners to plan, support and deliver core health services, while also moving ahead on key *Action Plan* initiatives.

The following is a sampling of the results of Saskatchewan Health's work in 2004-05.

Goal 1: Improved Access to Quality Health Services
Working with Regional Health Authorities, we established **nine new primary health care teams**, bringing the total in the province to 34. Approximately 23 per cent of Saskatchewan's population now has access to a primary health care team.
We have **implemented the Saskatchewan Surgical Care Network's surgical patient registry** in all health regions that perform surgery in operating rooms. The registry will help surgeons, health regions and Saskatchewan Health to better manage surgical waitlists. We have also **established target timeframes** for surgical specialties based on priority level. For more information about surgeries in Saskatchewan, please visit **www.sasksurgery.ca**.
We worked to improve emergency medical care by initiating **training programs for 96 Emergency Medical Service Responders (EMRs)** who wish to attain basic-level Emergency Medical Technician (EMT) certification.
We brought together a team of health professionals to form Saskatchewan's **Diagnostic Imaging Network**, an advisory body that will develop a provincial strategy on diagnostic imaging services.

Goal 2: Effective Health Promotion and Disease Prevention
We worked to **reduce the threat of West Nile Virus** for Saskatchewan residents by distributing educational materials to households and in the media, monitoring the disease in birds, mosquitoes and people, and assisting 230 municipalities with mosquito control programs.
We added three new vaccines to Saskatchewan's routine, publicly funded childhood immunization program, **significantly enhancing protection from disease** for preschool and school-aged children.
On January 1, 2005, **smoking in public places became illegal in Saskatchewan**. This legislation will protect thousands of Saskatchewan residents and their children from the dangers of second-hand smoke and do much to prevent disease and illness today and in future generations.

2004-05 Results at a Glance

Goal 3: Retain, Recruit and Train Health Providers
We continued to **expand our registered nurse/registered psychiatric nurse and practical nurse training programs**. By the end of 2005, 400 nursing seats will be available and the number of seats for Licensed Practical Nurses will be double the levels from four years ago.
Since 2002-2003, approximately 9,000 employees completed representative workforce training. We also provided funding to the Keewatin Yatthe and Mamawetan Churchill River regional health authorities to assist with their **summer student employment programs**.
We provided funding to the Regional Health Authorities (RHAs) to **survey 35,000 healthcare employees** regarding their opinion of their work environments and to identify opportunities to create healthier, more effective workplaces.

Goal 4: A Sustainable, Efficient, Accountable, Quality Health System
We worked with health regions to implement **improved health information systems** such as integrated home care systems in Keewatin Yatthe, Kelsey Trail and Mamawetan Churchill River health regions, a central patient index system in Prairie North Health Region, and a new transcription system in Sunrise Health Region.
We **strengthened accountability agreements** with Saskatchewan's regional health authorities to better align government and health region expectations with priority areas in health service planning and delivery.
We established a new $1 million **Technical Efficiency Fund,** which will be used for the review of areas in health service delivery where changes could be made to improve productivity, timeliness of care and health outcomes.

2004-05 Results at a Glance

Summary of Financial Results	2004-05 Actuals $000s
Revenue	**24,018**
Expenditures	
Administration	6,715
Accommodation and Central Services	4,994
Regional Health Services	1,891,315
Provincial Health Services	137,993
Medical Services and Medical Education Programs	511,871
Drug Plan and Extended Benefits	216,174
Early Childhood Development	7,587
Total Appropriation	**2,776,649**
Capital Asset Acquisition	(1,169)
Capital Asset Amortization	729
Change in Other Assets	(2,248)
Total Expense	**2,773,961**
Full Time Equivalents (FTE)	**608.5**

In 2004-05, the Department received revenue totalling $24 million, $3.4 million more than budgeted. This variance is mainly the result of a revised Federal cost sharing agreement for Persons with Disabilities and increases in revenue offset by increases in expenditures.

In 2004-05, the Department invested $2.77 billion, $73.5 million more than originally budgeted. In November, 2004 the Department received additional funding of $70.3 million through Supplementary Estimates to provide for expansion of childhood immunization programs, health sector employee extended health benefit program and investment of new federal funding, arising from the First Ministers' meeting in September, 2004, in health system wait list management, equipment, infrastructure, health provider retention, and system improvement.
In addition, Special Warrant funding in the amount of $9 million was received in February, 2005 to address an outstanding liability to the Workers' Compensation Board.

In 2004-05, the Department's full-time equivalent (FTE) complement totaled 608.5. This represents an decrease of 29.5 under the restated budget. The variance is the result of vacancies within the Department.

2004-05 Performance Results

This section provides more detailed information on the progress we made towards the long-term objectives listed in the *2004-05 Performance Plan*. The key actions originally presented in our 2004-05 plan are listed below, followed by a report on actual progress for each. Actual results information is included for all key actions and performance measures that were published in our *2004-05 Performance Plan* as well as for commitments related to Health in the government-wide *2004-05 Performance Plan Summary*.

Also included in this section are direct performance measure results.

For additional information, please see our *2004-05 Performance Plan*, which can be found on the following Web site: **www.health.gov.sk.ca**

Goal 1: Improved Access to Quality Health Services

Objective 1: Responsive, coordinated primary health care.

Primary health care refers to the basic, everyday health care services accessed by Canadians. Primary health care is about:

- Access;
- Individuals playing an active role in their own health care;
- Treating acute and episodic illness;
- Preventing people from becoming ill or injured;
- Managing chronic conditions;
- Making the most effective use of health provider expertise; and
- Efficiency and co-ordination.

Key Actions: Results

Continue development and definition of primary care networks and core services.

In 2003-04 nine new primary health care (PHC) teams were established, bringing the total to 34. Approximately 23% of the population has access to PHC teams.

We reviewed regional PHC plans as part of the regional operational plans and feedback provided to the regional health authorities (RHA).

RHAs continued to move forward with the implementation of their plans for primary health care.

Continue development of standards for primary health care networks in area of access and program requirements.

A Scoping Paper on Access Standards addressing the best practices in national and international primary health care scenarios was developed for inclusion in consultations on standards.

Enhance regional health authority capacity to develop and support primary health care teams including facilitating interdisciplinary team building within regional health authorities.

Directors of primary health care have been hired in each region. These senior level positions have the responsibility to develop and implement the primary health care plans in their region.

Saskatchewan Health funded 13 facilitator positions in the RHAs for enhancing primary health care team building and team functioning.

We are participating with four other provinces [Ontario, Newfoundland, Manitoba and British

Columbia] as a co-investigator in the "Tools for Transition Project" funded by the Primary Health Care Transition Fund [Newfoundland is the lead province]. The purpose of the project is to develop and publish a pan-Canadian Facilitation Manual focusing primarily on tools that would help build primary health care teams and enhance their overall functioning.

Finalize primary health care evaluation framework.

This year, Saskatchewan Health finalized an overarching Provincial Evaluation Framework [outcome-oriented] for primary health care. From this framework, RHAs prioritized five indicators for data collection and implementation during 2005-06.

A Five-Year Evaluation Framework for primary health care teams has been finalized along with the related survey tools that have been cleared by the Research Ethics Board of the University of Saskatchewan. Data collection and analysis work related to this framework is underway for nine primary health care demonstration sites that are due for evaluation in 2005.

Implement provincial diabetes plan including monitoring and evaluating delivery of diabetes team based services and implementation of regional health authority diabetes plans.

Eleven RHAs submitted regional diabetes plans that outline planned and current activities to enhance services for the prevention and management of diabetes.

RHAs are expected to submit an annual update to their diabetes plan to track progress and alignment with the Provincial Diabetes Plan.

Begin development of information technology solutions to support the delivery of co-ordinated primary health care team services.

Primary health care requirement definitions are underway with completion targeted for August 31 2005.

Continue working with the Saskatchewan Medical Association (SMA) to develop a formal negotiation process for non fee-for-service physicians and model contracts for family physicians.

As discussions with the SMA proceeded, the ten RHAs that would be signatories to the Memorandum of Understanding (MOU), became more directly engaged in the process. As a result, we reached a tentative agreement on the majority of the MOU's terms and conditions and we made significant progress on outstanding items.

Undertake communications campaign, including television, radio and print advertising, as required to achieve sustainable call volume for HealthLine.

We developed and implemented various initiatives to promote HealthLine in 2004-05 including:

- Television, radio and print advertising from September 1, 2004 to March 31, 2005;
- A pilot project bookmark campaign in one RHA;
- Support from other government departments in promoting HealthLine; and
- Saskatchewan Health and RHAs included the HealthLine number in appropriate communications materials.

The 2004-05 campaign increased calls to HealthLine by 50%, which is a sustainable call volume for HealthLine.

2004-05 Performance Results

Measurement Results

Percentage of people with access to primary health care teams (medium-term measure)

In 2004-05 nine new primary health care teams were created, bringing the total to 34 and increasing access to interdisciplinary primary health care by 9 percent. By March 2005, 23% of the Saskatchewan population had access to a primary health care network.

Year	PHC Teams	Percentage of people with access
2002-03	22	n/a
2003-04	25	14.9%
2004-05	34	23%

[2004-05; latest data available]

Data Source: Primary Health Services Branch, Saskatchewan Health

Calculations: The specific RHAs define the catchment area (urban and rural communities and neighbourhoods) for each of the teams that are established within their jurisdiction on the basis of a needs assessment of geographic distribution and demography.

Analysis/Interpretation: The percentage of Saskatchewan people with access to a primary health care team is a good measure of a patient's access based on proximity. This percentage denotes Saskatchewan's covered population served by each team calculated on the basis of catchment areas. There continues to be substantial interest among the RHAs and physician groups to develop primary health care teams.

While primary health care services exist across the country, they are delivered using different models, so valid comparisons on results on this indicator cannot be made among jurisdictions at this time.

The process of developing primary health care teams is slow, which can be influenced by fiscal constraints and the availability of health human resources. Saskatchewan Health works closely with RHAs and health provider groups (e.g. Saskatchewan Medical Association, Saskatchewan Registered Nurses' Association) to develop primary health care teams.

Objective 2: Reduce waiting times for surgical procedures

Saskatchewan Health continues to place a priority on promoting surgical access and improving the province's surgical system. Saskatchewan Health is leading several initiatives designed to improve the management of wait times.

One such initiative is the Surgical Patient Registry, which provides health professionals access to surgical information. Another is the surgical Web site, which provides the public access to surgical information and wait times.

Key Actions: Results

Complete implementation of the surgical waitlist registry.

Saskatchewan Health implemented the Surgical Patient Registry in the ten health regions that perform surgery in operating rooms. Surgeons, health regions and the department began to access registry data to better manage surgical access.

Further integrate and modify the waitlist registry information system with the regional health authorities and government information systems.

2004-05 Performance Results

Currently the Surgical Patient Registry provides quality surgical care system data from participating health regions.

Set target time frames for surgical specialties based on priority level.

We established the following Target Time Frames for Surgery as initial performance goals for the surgical care system:

Target Time Frames for Surgery

Priority Level	*Scoring Range*	*Target Time Frame*
Priority I	95 to 100	95% within 24 hours
Priority II	80 to 94	95% within 3 weeks
Priority III	65 to 79	90% within 6 weeks
Priority IV	50 to 64	80% within 3 months
Priority V	30 to 49	80% within 6 months
Priority VI	1 to 29	80% within 12 months
All Cases		within 18 months

Continue ongoing maintenance and revision of the surgical Web site (www.sasksurgery.ca), which provides the public with a better understanding of how the surgical care system works, options when waiting for surgery, and information on where to call with questions.

We made improvements to the Web site over the past year. The Web site:

- provides quality surgical care system data from seven of Saskatchewan's largest regions;
- provides the number of people waiting by region, by specialty and by common procedure in addition to procedures performed;
- shows trend lines for both procedures performed and patients waiting;
- outlines the patient assessment questionnaires and urgency profiles for specific procedures; and
- clarifies the steps that patients will take throughout the surgical system.

Review regional operating room information management system requirements.

Saskatchewan Health completed and documented a full review of regional operating room information management system requirements.

We issued a Request for Proposals this year. Several vendors responded. In consultation with health regions, a final vendor was chosen. Implementation of the new system will begin in 2005-06.

Develop province-wide protocols for access to specialized medical imaging and diagnostic services (e.g., MRI, CT, and nuclear medicine).

Saskatchewan Health conducted a review of national and international best practices for delivery and management of diagnostic imaging. This review assisted in the development of a strategic plan for specialized medical imaging services.

Measurement Results

Wait times for surgical specialities and other select procedures

Approximately 80 per cent of *all* surgeries in Saskatchewan are completed within six months.

Saskatchewan made significant progress on its surgical wait list during 2004-05. More than 1,900 people who had waited longer than 18 months for surgery in Regina and Saskatoon were cleared from the province's surgical wait list. This reduces the number of patients waiting over 18 months for surgery in these centres by 30 per cent.

Funding

To cover the cost of the initiative to target long wait surgeries, $3.8 million was set aside by the province - $2.5 million from the 2004-05 provincial budget, and $1.3 million from the 2004 First Ministers' Meeting funding agreement.

Surgical Access Management						***Results***
	Patients Waiting (18+ mos) as of Apr '04	Procedures Completed	Cases Cleared from Wait List (non-surgery)	New Patients Added	**Patients Waiting(18+ mos) as of Apr '05**	**Reduction in Patients Waiting 18+ mos**
Saskatoon	3,728	2,388	2,367	3,106	2,238	1,490
Regina	2,462	1,070	1,773	2,424	2,053	419
Total	**6,298**	3,370	4,140	5,609	**4,591**	**1,907**

Funding was contingent on the number of surgeries completed. Therefore, $2.3 million was distributed to Regina Qu'Appelle and Saskatoon Health Regions. The remaining $1.5 million is being reallocated to purchase priority surgical and diagnostic equipment for provincial and regional hospitals.

Targets

The federal and provincial allocations were targeting an estimated 1,200 additional long-wait and day procedures.

Results

873 targeted procedures were completed.

	Targeted Procedures	**Provincial & Federal Allocations based on surgeries completed**
Saskatoon	687	$1.9M for procedures performed/opening beds/additional staff and training
Regina	186	$400K for procedures performed/O.R. instruments/opening beds and staffing
Total	873	$2.3M

The number of patients waiting longer than 18 months in Regina and Saskatoon was reduced through a combination of capacity and management initiatives.

Objective 3: Improve emergency medical care

Saskatchewan people depend on quality emergency medical services. Our geography and population patterns require innovative approaches to emergency care to ensure fair and equitable access to health services for all Saskatchewan residents.

Key Actions: Results

Continue training Emergency Medical Service Responders (EMRs) up to Emergency Medical Technician (EMT) – basic level.

As of March 31, 2005, training programs over the last three years were initiated for a total of approximately 96 students.

Saskatchewan Health continues to make bursaries available to Emergency Medical Service Responders (EMRs) to upgrade their training to the Emergency Medical Technician (EMT) basic level.

Work with regional health authorities to implement performance-based contracts between regional health authorities and wide-area dispatch centres.

Saskatchewan Health completed a draft performance based agreement for RHAs and ambulance service providers. We are finalizing key elements to be included in performance-based agreements for Emergency Medical Services dispatch services.

Measurement Results

Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training (medium-term measure)

Over the last few years there have been slight increases in the percentage of calls where one of the emergency medical providers has at least basic-EMT training. Currently, at least one of the emergency services providers on 98.7% of ambulance calls has at least basic-EMT level training.

Year	% with EMT
2000-01	98.0
2001-02	98.2
2002-03	98.7
2003-04	98.7

[2003-04; latest data available]

Data Source: Acute and Emergency Services Branch, Saskatchewan Health

Calculation:

Numerator: number of calls where one or more provider has at least basic EMT

Denominator: total number of calls

Calculation: (numerator/denominator) * 100

Analysis/Interpretation: This measure reflects the level of care that is provided by the emergency medical service provider. Saskatchewan Health's performance plan and training strategy support the continued training of Medical Service Responders (EMR) up to Emergency Medical Technician (EMT) basic level.

Given its province-wide focus, the measure may not sufficiently capture regional disparities in training levels.

There are a variety of groups that can influence the department's performance on this measure including RHAs, emergency medical personnel, Saskatchewan Institute of Applied Science and Technology, and regional colleges.

Objective 4: Improved hospital, specialized services and long-term care

Saskatchewan people depend on quality hospital and long-term care services. To strengthen our hospitals, specialized services, and long-term care, we continue to invest in capital projects, new equipment, and specialized centres to help people get the type of care they need.

Key Actions: Results

Develop province-wide protocols for access to specialized medical imaging and diagnostic services (e.g. MRI, CT, and nuclear medicine).

Saskatchewan Health conducted a review of national and international best practices for delivery and management of diagnostic imaging. This review assisted in the development of a strategic plan for specialized medical imaging services.

We established a Diagnostic Imaging Network that will involve a partnership of health system stakeholders. It will assist in the implementation of key components of the strategy.

Maintain funding levels for medical capital equipment.

Initial medical capital equipment funding of $18 million was supplemented with $11.9 million through the First Ministers' Accord Funding.

Continue regulations and standards development under The Regional Health Services Act regarding hospital classification system and facility designation framework.

Saskatchewan Health continues to develop a comprehensive policy framework that will ensure that its legislation and regulations support changes in the health sector. Facility designation regulations will be in place in the summer of 2005.

Monitor telehealth use and assess future priorities for telehealth service and/or new sites.

As of March 31, 2005, there were 18 telehealth sites, supporting for example, easier access to specialist services by people in rural and remote areas. We will be able to expand that number to 26 due to the Federal First Ministers' Funding provided in 2004-05.

Measurement Results

Patient satisfaction

This indicator is defined as the percentage of the population aged 15 years and over who rate themselves as either *very or somewhat satisfied* with the quality of care for:

(a) overall health services
(b) hospital services
(c) family doctor/ other physician care
(d) community-based services

Based on this data drawn from the Canadian Community Health Survey, patient satisfaction appears to have increased for most health services, with the exception of community-based care. Satisfaction with overall health services has risen from 85.3% in 2000-01 to 87.9% in 2002-03.

Percentage		
	2000-01	2002-03
Overall health services	85.3	87.9
Services received in hospital	82.9	87.8
Family dr/ other physician services	92.6	94.0
Community-based services	90.3	83.2

[2002-03; latest data available]

Data Source: Canadian Community Health Survey, Cycles 1.1 & 2.1, Statistics Canada. For more information on this and other population health surveys, please visit the Statistics Canada Web site at: **www.statcan.ca/english/concepts/hs/index.htm.**

Calculation:

Numerator: weighted number of individuals reporting they were very or somewhat satisfied with the service provided.

Denominator: total Saskatchewan population aged 15 or older who used health care services in the 12 months prior to the survey

Calculation: (numerator/denominator) X 100

Analysis / Interpretation: Saskatchewan Health is making efforts to improve the quality and effectiveness of health services. Saskatchewan is also the only province to have a provincially coordinated approach to tracking and reporting client concerns.

For more information on this initiative, visit the following Web site: **www.health.gov.sk.ca/ph_br_ae_qual_of_care.html**.
Two performance indicators under Goal 4, Objective 1 relate to the number of concerns and timeliness of response to concerns reported through this initiative.

There are limitations to using this performance measure as some population groups are excluded. While patient satisfaction is an important indicator for assessing the global quality or effectiveness of health services, it has many limitations. The reasons for an individuals' perception of satisfaction or dissatisfaction or quality of service are unknown and could be related to a number of complex and interrelated factors.

Telehealth

a) Number of communities with Saskatchewan telehealth networks (short-term measure)

(b) Number of telehealth sessions, types and participants (short-term measure)

The number of communities with telehealth networks is increasing. Additionally, the number of both educational and clinical sessions offered and the number of attendees or patients seen also increased within a year of operation.

There were 17 Telehealth network sites in 15 communities in 2003-04 and 18 sites in 16 communities in 2004-05.

Year	Communities with Networks
2001-02	9
2002-03	10
2003-04	15
2004-05	16

[2004-05; latest data available]

In 2004-05, there were 390 educational sessions held with 5,456 people attending. Additionally this year, there were 354 clinical sessions involving 410 patients.

Year	Educational Sessions	Clinical Sessions
2001-02	152 sessions, with 2338 people attending	95 sessions, with 246 patients seen
2002-03	265 sessions, with 3976 people attending	166 sessions, with 237 patients seen
2003-04	351 sessions, with 5,381 people attending	137 sessions, with 309 patients seen
2004-05	390 sessions, with 5,456 people attending	354 sessions with 410 patients seen

Data Source: Acute & Emergency Services Branch, Saskatchewan Health

Analysis/Interpretation: Saskatchewan Health continues to work with the health sector on identifying ways to improve access to quality health services. The Telehealth network is one of these strategies.

Using the latest communication and multimedia technologies, the Telehealth Saskatchewan Network provides a broad spectrum of services that benefit patients, families and community members living in remote and rural areas of the province.

Fiscal constraints, along with the level of interest within RHAs, can influence expanding the number of telehealth network sites and the number of sessions offered.

Goal 2: Effective health promotion and disease prevention

Objective 1: Better promotion of health and disease prevention

A priority for Saskatchewan Health is promoting wellness and preventing illness. A number of our health promotion initiatives will improve the quality of life for Saskatchewan people and in the long-term, will result in healthier communities.

We have increased understanding of what influences health and recognized the need to work intersectorally to address health issues. The continued implementation of our provincial population health promotion strategy will bring focus to population health promotion efforts at both the regional and provincial levels.

We added three new vaccines to Saskatchewan's routine, publicly funded childhood immunization program, significantly enhancing protection from disease for preschool and school-aged children.

Key Actions: Results

The provincial response to West Nile Virus will include public education, surveillance to track the disease in birds, mosquitoes, and people, and mosquito control programs. Assistance will also be provided to municipalities.

A total of five human cases of West Nile Virus infection were identified in the province during the summer of 2004 compared to 947 in 2003.

The Department issued several news releases to provide information to the public on West Nile Virus and placed radio ads to inform the public about the risks of West Nile Virus and how to reduce them. In addition, we distributed pamphlets to every household and developed fact sheets for campers and outdoor event organizers.

The mosquito control grant program supported programs in 230 communities. We further refined bird and mosquito surveillance systems to provide better models for predicting human risk in future years. The provincial lab also developed a new blood test for humans to distinguish between current infections and infections that were incurred in a previous year.

Continue improvement of measurement and reporting on provincial and regional health status, including indicator development in support of the February 2003 First Ministers' Health Accord and regional health authority accountability.

Saskatchewan Health published the second Saskatchewan Comparable Health Indicators Report, providing health indicators comparable to other jurisdictions in Canada, along with a wealth of information about health activities in Saskatchewan.

See: **www.health.gov.sk.ca/mc_comparable_hlth_indicators_04.html**

We continue to work on indicators developed in support of RHA accountability. Both an internal Technical Committee on Indicator Development (TCID) and an external Strategic Committee on Indicator Development (with representatives of RHAs, Saskatchewan Health, Saskatchewan Cancer Agency, and the Provincial Auditors Office) worked toward completing the technical specification of the indicators.

Stemming from this work, health regions will be reporting on comparable accountability indicators in their 2004-05 annual reports. This includes indicators on organizational effectiveness (quality, human resources), programs such as vaccinations, emergency services and mental health, and health status and outcome measures.

Continue implementation of the Provincial Population Health Promotion Strategy including working with regional health authorities to implement population health promotion initiatives, taking into consideration provincial priorities and local needs.

All health regions submitted their local regional population health promotion plans. They developed plans in consultation with various partners, based on the priorities identified in the Provincial Population Health Promotion Strategy and their own local needs. The department provided technical expertise, reviewed drafts and gave feedback on regional plans.

Population health promotion programming in RHAs in 2004-05 included initiatives such as:

- working with schools to implement the Saskatchewan School Board Association's "*Nutrition Guidelines for Schools*" and to develop school food policies;
- supporting active living policies, e.g. *in Motion*, in schools;
- developing the prevention components of regional drug strategies; and
- reducing tobacco use through enforcement of the smoke free public place provisions.

2004-05 Performance Results

We made amendments to *The Public Health Act, 1994* to:

- strengthen authority to control vector borne diseases such as West Nile Virus;
- authorize the making of regulations covering water bottling and ice manufacturing plants; and
- authorize municipalities to pass bylaws requiring residences to connect to communal sewer and water systems.

Support inter-sectoral policy initiatives. For example:

- ***Youth Services Model***
- ***Saskatchewan's Disability Strategy***
- ***School^{Plus}***

Youth Services Model:

- The evaluation of Phase 2 was completed in March 2005. The evaluators submitted a draft report to the Inter-Departmental Committee on the Youth Services Model of which Saskatchewan Health is a part. Evaluation results suggest that pilot projects in Regina and Prince Albert have been successful.

Disability Policy Framework:

- Collaborative efforts continue, led by Office of Disability Issues (DCRE), toward completion of the Disability Policy Framework.
- Saskatchewan Health participates on an inter-departmental committee developing a disability impact assessment tool.

School^{PLUS}:

Health continued to support development in three priority areas:

- Community Engagement and Action Planning Strategy
- Integrated School Linked Services Strategy
- Strengthening Educational Capacity Strategy

We provided funding support ($70,000) to the *Youth Launch* youth leadership initiative.

Saskatchewan Health continues to support RHAs in their involvement with the School^{PLUS} initiative at the local level.

Support KidsFirst initiatives as outlined in the 2004-05 KidsFirst Strategy.

Saskatchewan Health provided $7.6 million to KidsFirst to provide a range of services, including:

- an intensive home visiting program;
- enhanced childcare and early learning;
- improved access to community based supports; and
- dedicated mental health and addictions services.

Continue to participate in activities outlined in the 2004-05 Safe Drinking Water Strategy.

Saskatchewan Health worked with RHAs and Saskatchewan Environment to develop protocols for addressing Hygienic Water Systems that are regulated by Saskatchewan Environment.

Measurement Results

Chlamydia trachomatis incidence rates per 100,000 population.

There has been a steady rise in incidence rates for chlamydia since 1999. In 2003, the incidence rate of Chlamydia was 372.0 cases per 100,000 up from 254.2 cases per 100,000 in 1999.

Year	Rate per 100,000 population
1999	*254.2*
2000	287.9
2001	309.2
2002	352.7
2003	372.0

[2003; latest data available]

Data Source: Communicable Disease Control Unit, Population Health Branch, Saskatchewan Health.

Calculation: *Numerator:* Number of cases of *chlamydia trachomatis*

Denominator: Population estimate

Calculation: (Numerator/ Denominator) * 100,000

Analysis/Interpretation: Saskatchewan Health continues to provide support to the regions in their role to educate the public about the prevention of Sexually Transmitted Infections (STIs) such as chlamydia. In early 2003, a working group was established to serve as a forum to present statistical information, share best practices on prevention strategies, and engage in partnerships with regions and other interested groups to address the prevention and treatment of chlamydia.

Many factors including education, socio-economic status, psychological well-being and self-esteem influence engagement in high-risk behaviour that may lead to sexually transmitted infections (STI). Many of the factors are difficult to influence and require the involvement and support of individuals, and families, as well as the health and education systems.

Increasing incidence rates of chlamydia may be partially accounted for by the advances in diagnostic technology. Current incidence rate should be interpreted in the context of increased reporting and improved sensitivity of testing procedures.

Diabetes prevalence rate (type 1 & 2) per 1,000 population

The prevalence rate in 2002-03 was 46.9 cases per 1,000 population compared to 43.5 cases per 1,000 in 2001-02. Incidence rates were 4.1 cases per 1,000 population in 2002-03 and 3.7 cases per 1,000 population in 2001-02.

Year	Diabetes Prevalence Rate per 1,000	Diabetes Incidence Rate per 1,000
1997-98	32.7	5.6
1998-99	35.9	5.0
1999-00	38.5	4.4
2000-01	40.2	3.3
2001-02	43.5	3.7*
2002-03	46.9*	4.1*

[Data for 2002-03 are provisional; latest data available]*

Data Source: Primary Health Services Branch / Population Health Branch, Saskatchewan Health.

Calculation:

(a) Prevalence

Numerator: Number of persons identified from health databases as having diabetes.

Denominator: Total population

Calculation: (Numerator/Denominator) * 1,000

(b) Incidence

Numerator: Number of new cases of diabetes identified from health databases.

Denominator: Total population 12 and over years

Calculation: (Numerator/Denominator) * 1,000

Analysis/Interpretation:

Diabetes is a multi-factorial disease that requires intervention in several areas including diet and physical activity. It is also associated with several

other non-medical determinants of health (e.g. education, socio-economic factors).

Saskatchewan Health continues to work with RHAs and stakeholders on population health strategies, such as the importance of healthy lifestyle choices.

Changing personal lifestyle and behaviour is a slow process. Regional health authorities, health providers, public organization and members of the public can influence diabetes trends.

Note: The numbers presented here may differ from the National Diabetes Surveillance System's (NDSS) national reports, as NDSS generates data based on the population aged 20 and older. Rates here are for the total population, all age groups being included in the numerator and denominator.

Percentage of daily youth smokers (12-19 years) in Saskatchewan (Long-term measure)

Generally rates of youth smoking have been decreasing, at both the national and provincial level. The provincial level of current smokers has declined from 20.5% in 2000-01 to 15.2% in 2003-04. The rate of daily smokers has declined from 15.5% in 2000-01 to 9.8% in 2003-04.

Year	Current (daily or occasional) Smokers (%)	Daily Smokers(%)
2000-01	20.5	15.5
2003-04	15.2	9.8

[2003-04; latest data available]

Data Source: Canadian Community Health Survey, Cycles 1.1 & 2.1, Statistics Canada. For more information on this and other population health surveys, please visit the Statistics Canada Web site at: **www.statcan.ca/english/concepts/hs/index.htm.**

Calculation:

Numerator: weighted number of individuals aged 12-19 years who reported they currently smoked, daily or occasionally

Denominator: total Saskatchewan population 12-19 years

Calculation: (numerator/ denominator) * 100

Analysis/Interpretation: Data is presented for current teen smokers, i.e., those who reported they currently smoked either daily or occasionally. Given the highly addictive nature of smoking, even occasional smoking is important to monitor, especially in youth.

Saskatchewan Health continues to work closely with the health sector on a variety of anti-smoking strategies, for example education strategies that target youth (i.e. "Young Spirits: Proud to be Tobacco Free" anti-tobacco initiative), and tobacco control legislation.

On January 1, 2005, smoking in public places became illegal in Saskatchewan. This legislation will protect thousands of Saskatchewan residents and their children from the dangers of second-hand smoke and do much to prevent disease and illness today and in future generations.

Changing personal lifestyle and behaviour is a slow process. In addition to Saskatchewan Health, regional health authorities, Health Canada, and the public all play a role in changing smoking behaviour.

Objective 2: Improve the health of northern and Aboriginal communities

Northern and Aboriginal communities have their own issues and concerns when it comes to health care. They also have a unique perspective on how to bring better health care to Aboriginal people. We made significant progress through the year in working toward creative solutions to improved health for northern and Aboriginal communities.

This year, for example, Saskatchewan Health targeted $1M in federal funding to two northern RHAs to assist in recruitment and retention strategies.

Key Actions: Results

The Province and Health Canada will develop a comprehensive Memorandum of Understanding (MOU), confirming commitment and participation in creating and implementing a Northern Health Strategy.

Saskatchewan Health is an active member of the Northern Health Strategy Working Group (NHSWG). The partners of the NHSWG, including Saskatchewan Health and Health Canada have focused their efforts this year on development of "*Shared Paths*", a project under the federal Primary Health Care Transition Fund. The members of the Northern Health Strategy Working Group have determined that their active participation in the Northern Health Strategy reflects their commitment to the process. Discussions of a renewed or revised Memorandum of Understanding are not being pursued at this time.

Work closely with northern regional health authorities to co-ordinate actions and requirements with the Northern Health Strategy.

The Northern Health Strategy Working group, which includes the northern health regions and Saskatchewan Health, as well as northern First Nations health organizations and Health Canada, prioritized activity on the "*Shared Paths*" project for 2004-05. This included the formation of four technical advisory committees (TACs) including: Mental Health and Addictions; Perinatal; Chronic Disease; and Dental Health.

Each working group member including Saskatchewan Health is represented on the Technical Advisory Committees. The TACs are examining current state of services for each of the prioritized areas as well as best practice. Recommendations will be made to the Northern Health Strategy Working Group from each TAC regarding service delivery effectiveness and ways to work together to enhance service delivery.

Collaborate with Health Canada and the Athabasca Health Authority (AHA) in development of service agreements, accountability and reporting requirements that meet the requirements of both funding agencies and enable AHA to develop as a multi-jurisdictional health service delivery agent.

Saskatchewan Health implemented a two-year service agreement with Athabasca Health Authority for 2004-05 and 2005-06.

Support the northern hospitals including beginning construction on the hospital in Ile-a-la-Crosse.

The joint Health/Learning facility in Ile-a-la-Crosse will be tendered on April 30, 2005. Construction will start in late June 2005.

Support construction of Fort Qu'Appelle Indian Hospital.

The All Nations Healing Hospital at Fort Qu'Appelle had its Grand Opening on June 12, 2004.

Measurement Results

Potential Years of Life Lost (PYLL) per 100,000 population for Saskatchewan Registered Indian People (long-term measure)

PYLL is the number of years of life lost when a person dies prematurely from any cause, defined as death before age 75. Decreasing rates of overall PYLL are regarded as a proxy measure of access and uptake of culturally sensitive prevention services in the province. The PYLL rate has remained relatively stable within the province in the last couple of years.

Potential Years of Life Lost (PYLL) per 100,000 Population

	1998	2001	2002
Registered Indian Population	11,278.10	11,998.00	11,382.40
Remainder of population	5,770.20	6,040.00	5,117.80

[2002; latest data available]

Data Source: Vital Statistics Branch and Saskatchewan Person Registry System, Saskatchewan Health.

Calculation: *Numerator:* Deaths of persons under age 75, by age group, registered Indian status and cause

Denominator: Population estimate

Calculation: (75- mean age * number of deaths) * 100,000

Analysis/Interpretation: The PYLL rate for Registered Indian peoples continues to be greater than for the remainder of the population. This is a broad level measure, where influence is limited by the broad determinants of health. It is less a measure of health system performance than overall socio-economic and environmental circumstances.

Saskatchewan Health continues to work with the health sector and Aboriginal organizations to improve the health status of Aboriginal peoples. For example, leaders from northern health authorities, the Northern Inter-Tribal Health Authority, Health Canada and Saskatchewan Health have been participating in the development of a Northern Health Strategy that recognizes these unique issues and meets the needs of northern people.

Saskatchewan, along with other jurisdictions, continues to work with the federal government to meet its broader responsibilities to Aboriginal peoples. Saskatchewan is also working with other jurisdictions on the creation of a National Aboriginal Health Blueprint, which includes working with Saskatchewan Aboriginal Peoples to help improve health status.

The federal government has a fiduciary responsibility to Aboriginal peoples and can influence the broader determinants of health, which in turn impacts PYLL rates. First Nations organizations (bands, tribal councils, etc.) actively work to improve socio-economic and environmental conditions for First Nations.

Goal 3: Retain, recruit, and train health providers

Objective 1: Improve utilization and availability of health human resources

Saskatchewan Health recognizes our health professionals are the foundation of our health care system. Qualified health professionals are in great demand across our country and around the world. Through our health human resources strategy we continue to address the challenges of attracting and keeping skilled health providers. Initiatives undertaken this year moved Saskatchewan Health forward in addressing many of those challenges.

Key Actions - Results

Implement province-wide health human resource planning including working with regional health authorities on key expectations in the regional health authority Accountability Documents, further development of health human resource planning indicators, and further development of forecasting models.

As part of the budget process, we incorporated a health human resource planning framework into the 2005-06 operational planning guideline that was sent to RHAs and the Saskatchewan Cancer Agency.

In 2004-05, we defined and tracked human resource indicators in the 2004-05 Accountability Document on a quarterly basis. It included:

- Overtime hours per full time equivalent (FTE);
- Sick hours per FTE;
- Workers' Compensation Board Claims per 100 FTEs;
- number of FTE per affiliation per RHA.

In response to the First Ministers' agreements about strategic health human resource actions plans, we've begun developing a Provincial Health Human Resource Plan. This plan will provide a description of the province's current health workforce. It will identify the challenges and priorities, and will provide broad cost implications as well as helping to forecast future needs.

Increase training opportunities for select health professions, for example by working with partners on assessing training needs of select health professionals, developing clinical placement models/arrangements to meet priority needs and supporting increased collaboration between regional health authorities and provincial training institutions.

Saskatchewan Health invested $1M in federal funding, to provide future learning opportunities related to alternate dispute resolution; mentoring orientation; and skills-specific courses.

Saskatchewan Health purchased seats from Alberta in respiratory therapy (8), nuclear medicine technology (4), and occupational therapy (15). This year we obtained four sonography seats at the Southern Alberta Institute of Technology (SAIT) and two MRI seats at the Northern Alberta Institute of Technology (NAIT). We also have four seats in a new cytology program at the Saskatchewan Institute of Applied Science and Technology (SIAST).

Licensed Practical Nurses (LPN) are trained at the Saskatchewan Institute of Applied Technologies at the following campuses:

Wascana, and Woodland. Dumont Technical Institute (DTI) and Regional Colleges (Carlton Trail, Cumberland, Cypress Hills, Northlands, North West, Parkland, Southeast, Meadow Lake and Saskatoon campuses) provided 96 Licenced Practical Nursing (LPN) training seats in 2004-05. Saskatchewan Indian Institute of Technology (SIIT) also has a program of 16 seats.

Enhance provincial bursary program including assessing appropriate allocation of bursaries, development of a province-wide bursary database, tracking system and application system to assist with bursary management.

The health regions' 2005 operational plans identified shortages in health professions in each region. Saskatchewan Health cross-referenced this information with the type of bursaries offered. We made every effort to ensure bursaries were offered in the health professions identified by RHAs as priorities.

The department created new bursaries for students in Dental Therapy and Clinical Social Work. We also created new bursaries for nursing including Perioperative and Basic Critical Care. We offered re-entry bursaries for all allied health disciplines.

We revised the bursary survey tool this year. It provides feedback to the bursary program from bursary recipients regarding respondents' level of satisfaction with the bursary program.

We reviewed Inventory of all bursary statistical requests at year-end.

We developed career profiles for all disciplines eligible for a bursary and posted them to the Web site.

Continue to expand the registered nurse/ registered psychiatric nursing education program and the practical nursing program.

By the end of 2005, 400 nursing seats will be available, which is an increase of 120% since 1999. Students from the Nursing Education Program of Saskatchewan can graduate with a completed degree at 3, 3 and one half, and 4 years. By fall 2005, 50 of the 400 seats will be targeted to second degree students. The number of seats for Licensed Practical Nurses will have doubled over the last four years.

Support the management and implementation of existing/new programs to enhance physician recruitment and retention in the province.

Saskatchewan Health established three new alternate payment plans, including:

- continuous on-site ER physician services in North Battleford;
- general paediatric services in Saskatoon; and
- paediatric general surgery services with the College of Medicine.

We also expanded two alternate payment contracts with the College of Medicine by adding a fifth position for the Family Practice Unit and adding a third position for anaesthesia service in Swift Current.

We added four specialty seats for International Medical Graduates targeted at core specialty services of anaesthesia, general surgery, internal medicine, obstetrics/ gynaecology, paediatrics, and psychiatry.

For more information about Medical Services, see the Medical Services Statistical Report for 2004-05 at: **www.health.gov.sk.ca**

Measurement Results

Use of health professionals

The percentage of the population aged 12 and over who have consulted with health professionals in the 12 month period prior to the Canadian Community Health Survey being conducted has dropped slightly for medical doctors but increased for both dental professionals and alternative health care providers.

Health Professional	2001-02(%)			2003-04(%)		
	Total	Male	Female	Total	Male	Female
MD/Paediatrician	82.6	78.0	87.2	81.2	76.9	85.5
Mental Health Professional *	7.6	4.4	10.6	NA	NA	NA
Dental professional	50.5	47.8	53.1	54.8	52.0	57.6
Alternative health provider	13.9	9.9	17.8	16.2	11.7	20.7

[2003-04; latest data available]

Data Source: Canadian Community Health Survey, Cycles 1.1 & 2.1, Statistics Canada. For more information on this and other population health surveys, please visit the Statistics Canada Web site at: **www.statcan.ca/english/concepts/hs/index.htm.**

Calculation:

Numerator: weighted number of individuals aged 12 and over who reported consulting with a health professional in the last 12 months

Denominator: total Saskatchewan population aged 12 and over

Calculation: (numerator/ denominator) * 100

Analysis/Interpretation: Overall the rates of people consulting with a health professional have stayed fairly constant. There were slight increases in consultations with dental professionals and alternative health providers, and a slight decrease in consultations with physicians.

Saskatchewan Health, working with Saskatchewan Learning and health stakeholders, continues a variety of retention and recruitment initiatives to ensure the province has an adequate supply of health providers. For example, "Labour Market Analysis – Saskatchewan Nursing – 2003 Update" was publicly released on July 31, 2003. Using the information contained in the report, the number of nursing seats in the province was increased.

The number of health professionals in certain areas (such as rural and remote regions) is limited by factors out of the control of the department.

Measuring the mere use of health professionals does not provide information on the appropriateness of that use.

In addition to Saskatchewan Health, health providers, Saskatchewan Learning, professional colleges, universities, etc. all play a role in increasing numbers and availability of health providers.

Note: New data is not available for the percentage of the population consulting with mental health professionals as this question was part of an optional content module of the Canadian Community Health Survey that not all jurisdictions in Saskatchewan agreed to include.

Objective 2: Develop representative work places

Key Actions: Results

Saskatchewan Health recognizes the value of a health system that meets the needs of a diverse population. Initiatives undertaken this year furthered our efforts to encourage a health workforce that is representative of the people it serves.

Continue to build opportunities for full participation by Aboriginal peoples through awareness training in the work place

This year Saskatchewan Health provided approximately $300,000 to support training for RHA and Saskatchewan Cancer Agency employees, as well as staff to provide training.

Increase Aboriginal participation in the health workforce by the application of representative workforce agreements in regional health authorities.

In 2001-02 we provided $200,000 to assist in the development of a Northern Health Sciences Access Program in Prince Albert. This program is based on a partnership among the University of Saskatchewan, the First Nations University of Canada, SIAST, the Northern Intertribal Health Authority (NITHA) and Saskatchewan Learning.

The program successfully prepares northern and Aboriginal students for future education in the health sciences.

Saskatchewan Health has provided funding to Saskatchewan Association of Healthcare Organization (SAHO) for an Aboriginal Employment Development Program.

In March 2004, SAHO released a *Representative Workforce Reference Guide*. The guide is a first-of-its kind in Canada. The reference guide provides a framework for health organizations and model policies to help employers create their own representative workforce.

We have established a Provincial Aboriginal Health Coordinators Council, chaired and coordinated by Saskatchewan Association of Health Organizations (SAHO), to facilitate the transfer of knowledge and provide a support network for aboriginal representative workforce coordinators. These coordinators implement the representative workforce strategies in each of the regional health authorities with the assistance of SAHO.

We developed a Web site to host updates and Northern Health Sciences Access Program initiatives. Current content includes:

- the Health Sector Training Needs Assessment Final Report (which include key recommendations and strategies) and an education and training database;
- the Representative Workforce Reference Guide;
- Final Report "Building a Representative Workforce in Saskatchewan's Health Sector Through Career Pathing," and
- Aboriginal Awareness Training resources and training dates.

Development of the Web site will be ongoing to meet member needs.

We have participated in seven years of building capacity and partnerships through the Health Sector Partnership Steering Committee, and the recently established Career Pathing Working Group.

We developed a provincial Self-Identification survey form for monitoring representative

workforce program initiatives and statistics within SAHO's Internet Personnel Front End (IPFE) system.

We created SAHO's Aboriginal Employment Development Unit, which is staffed by a manager, two Aboriginal education specialists, and an administrative assistant.

Continue initiatives for Aboriginal youth in the health sector (e.g., northern summer student program)

In 2001-02 we provided $200,000 to assist in the development of a Northern Health Sciences Access Program in Prince Albert. This program is based on a partnership among the University of Saskatchewan, the First Nations University of Canada, SIAST, the Northern Intertribal Health Authority (NITHA) and Saskatchewan Learning.

The program successfully prepares northern and Aboriginal students for future education in the health sciences.

In 2004 and again this year, we will provide funding to the two Northern health regions: Mamawetan Churchill and Keewatin Yatthé, to assist with their summer student employment program. We have also sponsored the National Aboriginal Achievement Foundation to support Aboriginal children attending health career fairs in Saskatoon.

Saskatchewan Health gave $40,000 to the Northern Access Program to support students through their ten month program in Prince Albert.

Measurement Results

Proportion of regional health authorities that have signed representative workforce agreements (medium-term measure)

Ten out of twelve regional health authorities have signed partnership agreements.

Data Source: Health Human Resources Branch, Saskatchewan Health

NOTE: For 2004-05 this measure has been combined with the measure "*Proportion of regional health authority staff participating in Aboriginal Awareness training*", for a new measure entitled, "*Proportion of regional health authorities that have developed an Aboriginal Training Awareness Program*".

Self-declared Aboriginal employees as a percentage of all RHA employees

These figures are baseline figures developed in 2003-04. Future Annual Reports will show performance change against this baseline.

RHA	Percentage
Sun Country	N/A
Five Hills	N/A
Cypress	0.0
Regina Qu'Appelle	3.0
Sunrise	1.1
Saskatoon	2.7
Heartland	0.1
Kelsey Trail	1.8
Prince Albert-Parkland	14.5
Prairie North	N/A
Mamawetan Churchill River	30.0
Keewatin Yatthe	70-90
Sk Cancer Agency	N/A

2004-05 Performance Results

Data Source: Regional Health Authorities submit numbers annually to Saskatchewan Health

Calculation:

Numerator: Total number of self-declared Aboriginal employees by RHA

Denominator: Total number of employees by RHA

Calculation: numerator/ denominator) * 100

Analysis/Interpretation: Regional Health Authorities are working to improve Aboriginal representation in the health workforce. Actions include having in place Aboriginal Workforce Agreements and conducting Aboriginal Awareness Training with existing staff.

Response rates to equity surveys are often low in places where data of this type is not collected routinely.

Benchmarks based on representative workforces still have to be developed to facilitate the interpretation of these types of indicators.

Calculations for this indicator are dependent on RHAs collecting this type of data.

Proportion of regional health authority staff participating in Aboriginal Awareness training

SAHO estimates 9,000 employees in the health sector (of approximately 35,000) participated in Aboriginal Awareness Training during 2004-05. During 2004-05, SAHO conducted 200 Aboriginal Training sessions.

Number of RHA employees participating in Aboriginal Awareness Training	
Year	**Estimate**
2002-03	1,500
2003-04	3,361
2004-05	3,877

[2004-05; latest data available]

Data Source: Saskatchewan Association of Healthcare Organizations (SAHO)

Analysis/Interpretation: RHAs will continue training under their representative workforce agreements and awareness training programs. This helps ensure a workplace that is more conducive to attracting Aboriginal employees.

RHAs may choose not to implement Aboriginal Awareness training sessions. This measure dependent on RHAs implementing Aboriginal Awareness training sessions.

Objective 3: Create healthier more effective work places

Creating more satisfying work environments for Saskatchewan's health care professionals will enhance productivity and assist in retaining a dynamic health sector workforce in Saskatchewan. During this fiscal year, a number of initiatives furthered our efforts to create healthier workplaces.

Key Actions: Results

Work with regional health authorities to implement a new quality workplace framework including developing tools and supports to further quality workplace initiatives (e.g., survey tools, training supports, evaluation tools).

A working group including the Saskatchewan Association of Health Organizations (SAHO) and the health regions determined the need for, and developed, an employee survey to be administered to more than 35,000 employees beginning in May 2005.

Work with regional health authorities to develop and implement system(s) of workload measurement, as well as attendance management/monitoring system(s).

The statistics on attendance management are part of those gathered through the accountability process (i.e. sick time, overtime etc.). Workload measurement is not being dealt with during this bargaining period.

Measurement Results

The average number of hours absent from the workplace, for which illness is reported as the reason for absence, within a given time period. The number of accepted lost-time Workers Compensation Board (WCB) claims and number of lost-time WCB days per 100 FTEs within a given time period.

Regional Health AuthoritiesTime of Absence			
Provincial Average	**Sick Hours Per Paid FTE**	**No. of Lost-time WCB Days per 100 FTEs**	**No. of Lost-time WCB Claims per 100 FTEs**
2003-04	86.27	438.11	7.62
2004-05	88.26	345.86	6.52

Data Source: Health Human Resources Planning Branch, Saskatchewan Health; Saskatchewan Association of Healthcare Organizations (SAHO) and Workers Compensation Board (WCB).

Calculation:

Sick time: the total number of sick hours recorded for employees that are absent from workplace due to illness divided by the total number of FTEs.

WCB Days: the total number of WCB days paid for a time period divided by the total number of FTEs converted to a per 100 FTEs figure*.

WCB Claims: the total number of accepted WCB Claims for a time period divided by the total number of FTEs converted to a per 100 FTEs figure*.

** Different from last year, calculation of the lost time from WCB claims has been separated from sick time; number of lost WCB days per 100 FTEs is reported instead of WCB hours per paid FTE; and number of lost time WCB claims per 100 FTEs is reported instead of combined sick and WCB hours per paid FTE.*

Analysis/Interpretation: Absenteeism rates are considered one of the top five indicators of a healthy workplace. Sick leave needs to be measured over a period of time to provide

meaningful information. Addressing its root-cause at the local level can contribute to employee quality of life, efficiency and cost effectiveness.

The WCB figures are baseline figures developed in 2004-05. Regular reporting of workplace safety, allocating resources and setting targets is a recommendation of the Saskatchewan Provincial Auditor.

There are currently no national measurement standards for tracking this type of information. There is national comparative data from the Labour Force survey, but this is a self-reported work absences.

Regional health authorities, employee groups and others can influence the outcomes for this measure.

Turnover Rate (under development)

Performance measure is currently in development as part of a comprehensive package of RHA indicators.

Saskatchewan Health continues to work with SAHO to begin to track turnover rates. This information still has to be calculated manually, however, SAHO is currently making changes to its payroll system to capture this data electronically.

Goal 4: A sustainable, efficient, accountable quality health system

Objective 1: Ensure quality, effective health care

Saskatchewan Health continues to promote quality and innovation in the provision of health care. We have introduced a range of initiatives to ensure evidence-based decisions lead to the continual improvement in the delivery of quality health services. We work with external groups like the Health Quality Council to ensure that issues of health care are addressed in a timely manner. We also continued progress with health information systems to provide access to pertinent health information for health care providers.

Key Actions: Results

Continue an efficient working relationship between the Health Quality Council and Saskatchewan Health ensuring that the council's work is integrated with the activities/priorities of the department and the health system at large.

There is ongoing and regular communication between Saskatchewan Health and the Health Quality Council on both its work plan/strategic priorities as well as on the results of its research activities.

In addition, the Health Quality Council regularly partners with, and engages regional health authorities and other health system stakeholders on its work plan priorities and activities.

During the 2004-05 fiscal year, the Health Quality Council initiated a number of research

projects and released its findings on two major studies, *Improving the Quality of Drug Management in Long Term Care* and *Improving the Quality of Heart Attack Care in Saskatchewan: Outcomes and Secondary Prevention.*

Continue progress on specific initiatives to improve health information systems to give health care providers and administrators the information they need to better co-ordinate and improve patient care. For example, develop systems to collect more complete prescription drug information, and to support health care providers during the prescribing and dispensing of drugs.

We completed the system changes required to collect more complete prescription drug information, and pharmacies began submitting the enhanced information to the Drug Plan. In November 2004, we completed detailed requirements and an implementation plan for a medication profile viewer and initiated requirements for prescribing within the Pharmacy Information Program.

Work continued on the implementation of a medication profile viewer using the complete dispensing record provided by the Saskatchewan Drug Plan database. Requirements for prescribing to be completed in August of 2005.

Implementation of the Integrated Clinical Systems (ICS) continued. We implemented the home care system component in the Keewatin Yatthé, Kelsey Trail and Mamawetan-Churchill health regions, the central patient index system in Prairie North and a transcription system in Sunrise health region.

Planning continued on initiatives to begin implementation in 2005-06 for:

- a common shared Radiology Information System and Picture Archiving and Communications System (RIS/PACS) infrastructure for the province, beginning with the base and regional hospitals. This will enhance client care outcomes, decrease time from exam to reporting, leverage specialist expertise between sites, and leverage tertiary expertise to district hospital and regional sites. Deployment planning was completed in November of 2004. The detailed planning phase is currently underway with completion expected in the fall of 2005.
- a Shared Client Index to uniquely identify all persons who have contact with the health care system in Saskatchewan regardless of service, location, residency and/or insurance coverage. We completed deployment planning in September 2004. Detailing planning was complete in April 2005. The first phase of implementation will follow later in the year.

Continue to work with other jurisdictions to build a national common drug review process.

The permanent Common Drug Review (CDR) process is now in place. Saskatchewan Health continues to work with other jurisdictions in ensuring the CDR process meets the needs of federal/provincial/territorial drug programs. Saskatchewan will be participating in a formal evaluation of the program in 2005-06.

Release a provincial health research strategy and support the Saskatchewan Health Research Foundation and other organizations in implementing the strategy.

We publicly released the *Saskatchewan Health Research Strategy* in July 2004.

The Saskatchewan Health Research Foundation hosted a Health Research Summit in December 2004. The Summit was a "think tank" session for moving the research strategy from vision to action. More than 100 leaders from Saskatchewan's universities, health system, government, charitable sector, community organizations and private sector attended.

The department continues to work with the Saskatchewan Health Research Foundation and others in the research community on the implementation of the research strategy.

Develop a policy framework for genetic testing.

Saskatchewan Health contributed to work of the Federal/Provincial/Territorial task team on genetics, which developed model for genetics Health Human Resources, quality standards for labs, policy direction on health technology assessment and supported Canada's response to United Nations and Organization for Economic Cooperation and Development genetics policy initiatives.

Work with the Saskatchewan Academic Health Sciences Network on the future role and direction of health colleges.

Saskatchewan Health and Saskatchewan Learning have been working with the Saskatchewan Academic Health Sciences Network (SAHSN) to develop a funding plan for the College of Medicine accreditation initiatives based upon the SAHSN implementation reports.

Measurement Results

Number of clients who reported a concern to a Quality of Care Coordinator (QCC)

The number of clients reporting concerns was 2,205 in 2003-04, an increase of 31% from 2002-03.

Year	Number of Clients Who Reported a Concern
1998-99	2026
1999-00	1859
2000-01	1810
2001-02	1939
2002-03	1684
2003-04	2,205

[2003-04; latest data available]

Data Source: Acute & Emergency Services Branch, Saskatchewan Health

Calculation:

Numerator: Number of concerns resolved within 30 days

Denominator: Total number of concerns reported to Quality of Care Coordinators

Calculation: (numerator/ denominator) * 100

Analysis/Interpretation: A growth in the number of concerns reported does not necessarily reflect a growth in the number of problems in the health system (see Patient Satisfaction indicator under Goal 1, Objective 4). A growth is more likely a result of increasing efforts to raise awareness that RHAs have a Quality of Care Coordinator to whom individuals can turn to address concerns. Saskatchewan Health works closely with RHAs to ensure that concerns of clients are communicated to the department. Through the Quality of Care Coordinator initiative, Saskatchewan Health aims to create a more transparent, client-focused health care system.

2004-05 Performance Results

Each regional health authority has a Quality of Care Coordinator or a Client Representative to:

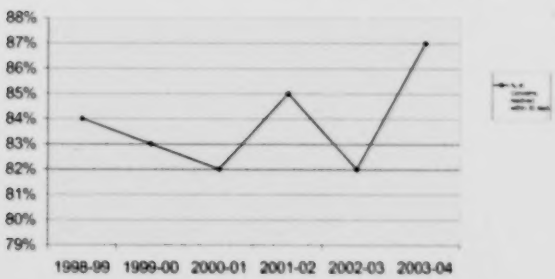
1) assist individuals and families with concerns or questions about health services in their region; 2) ensure individuals are informed of their rights and options; and 3) recommend changes and improvement to enhance the quality of health services delivered in the region based on their findings and trends of concerns raised. There are also two Provincial Quality of Care Coordinators who act as a resource to the coordinators and assist with more in-depth reviews of concerns. For more information on this initiative, visit the following Web site: **www.health.gov.sk.ca/ph_br_ae_qual_of_care.html**.

This may not reflect the total number of concerns in the system, as clients and their family may not be aware that a formal mechanism exists to respond to their concerns. Saskatchewan Health requires partnerships with RHAs to ensure that reports of client concerns are accurately recorded and relayed to the department.

Percentage of concerns received by Quality of Care Coordinators (QCC) that are resolved within 30 days

QCCs were able to maintain a rate of at least 87% in terms of resolving client concerns within 30 days in 2003-04. This is the highest percentage of concerns resolved within 30 days since the inception of the program in 1998.

Percentage of Concerns Resolved Within 30 Days



[2003-04; latest data available]

Data Source: Acute & Emergency Services Branch, Saskatchewan Health

Analysis/Interpretation: Through the Quality of Care Coordinator initiative, Saskatchewan Health aims to create a more transparent, client-focused health care system.

Each regional health authority has a Quality of Care Coordinator or a Client Representative to: 1) assist individuals and families with concerns or questions about health services in their region; 2) ensure individuals are informed of their rights and options; and 3) recommend changes and improvement to enhance the quality of health services delivered in the region based on their findings and trends of concerns raised. There are also two Provincial Quality of Care Coordinators who act as a resource to the coordinators and assist with more in-depth reviews of concerns. For more information on this initiative, visit the following Web site: **www.health.gov.sk.ca/ph_br_ae_qual_of_care.html**.

This may not reflect the total number of concerns in the system, as clients and their family may not be aware that a formal mechanism exists to respond to their concerns. Saskatchewan Health requires partnerships with RHAs to ensure that reports of client concerns are accurately recorded and relayed to the department.

Critical Incidents

Saskatchewan Health now requires regional health authorities to report critical incidents. Please see Appendix IV for more information.

Objective 2: Appropriate governance, accountability and management for the health sector

Strong leadership and effective planning remain key features of a continually improving process for planning health care delivery.

Key Actions: Results

Continue development and implementation of accountability framework for regional health authorities including the further development of the accountability document ensuring better alignment of expectations and measures with priority areas in 2004-05, appropriate data collection and reporting and ensuring a strong feedback loop.

Saskatchewan Health made changes to the accountability document to better align expectations and measures with priority areas for 2004-05. Work continued in the areas of data collection and indicator development. RHA 2004-05 annual reports will include updated reporting expectations and indicators.

Revise and improve the information management framework for Saskatchewan Health and the health sector including: evaluation and improvement of security and information management practices; development and implementation of a comprehensive privacy framework for Saskatchewan Health and regional health authorities based on The Health Information Protection Act; and, working with regional health authorities and others to implement a provincial information technology plan for the health sector.

We continue to work with the health regions, through the Privacy Subcommittee of the provincial Chief Information Officer's Forum, to develop common policy templates and best practices. The Privacy Sub-committee will support the implementation of *The Health Information Protection Act* in regional health authorities, the Saskatchewan Cancer Agency and Saskatchewan Health.

We updated the Provincial Information Technology/Information Management Plan in November 2004.

Measurement Results

Percentage of RHA Operational Plans meeting standards

All Regional Health Authorities submitted plans that met the guidelines established by Saskatchewan Health.

In December 2004, RHAs submitted to Saskatchewan Health detailed operational plans based on preliminary planning ranges provided by the department. These plans inform the department's own budget process. Saskatchewan Health will review the various components of these plans: financial, capital, information management, human resources and primary health care services. A quantitative tool to assess whether or not plans are meeting standards has not yet been established.

The RHA planning process is still a relatively new one, but the regions did provide the information requested of them. RHAs also submitted separate plans related to human resources, information management, and primary health care.

Risks exist including RHAs not meeting timelines for submitting operational plans. Performance on this measure relies on the cooperation of RHAs.

Objective 3 - Sustain publicly funded and publicly administered medicare

Saskatchewan Health continues to provide leadership in promoting health quality and innovation in the provision of health care. We continue to introduce a range of initiatives to ensure evidence-based decisions lead to continuous improvement in the delivery of quality health services.

Key Actions - Results

Continue to work with partners in the health sector to implement cost-effective approaches to health care.

We continued to work with health professions to ensure legislation and regulation in the public interest and appropriate roles for health professionals.

In November 2004, government announced the establishment of a new $1 million Technical Efficiency Fund. The fund is intended to support technical efficiency reviews. The goals are to identify those areas of health system delivery that could benefit from the application of one or more approaches to improve productivity, timeliness of care and health outcomes, and overall satisfaction with the health system.

This year, we began developing the work plan for the project, which will focus on improving patient flow in the emergency department.

Work with federal government and other provinces/territories to ensure adequate funding of medicare.

In September 2004, Saskatchewan, along with other provinces and territories, reached an agreement with the federal government on a ten-year plan for health care renewal.

The agreement provided an additional $66 million to Saskatchewan in 2004-05, and a further $97 million in 2005-06. On average, the province will receive an additional $90 million per year over six years.

In November 2004, government announced its plans to allocate the first year of incremental federal funding to the following priorities:

- reducing surgical backlogs and expanding diagnostic capacity;
- retaining health care providers by providing safer, higher quality workplaces, continuing education and training;
- making capital equipment and infrastructure replacement and upgrades; and
- buying change with quality improvements, efficiency reviews, and investments in information technology that supports front line service delivery.

Review and as necessary revise the funding allocation process for regional health authorities.

A Regional Funding Advisory Committee was struck in the fall of 2004. The group, comprising department and RHA representatives, met twice. The goal of the group is to facilitate the allocation of resources and to review the population needs-based models. In 2005-06, the group will continue to evaluate the current funding pools as well as strategic questions around resource allocation.

Measurement Results

Measurement under development.

Public health spending as a proportion of Gross Domestic Product (GDP) has been dropped as an indicator this year. It provides little meaningful information regarding the sustainability of a publicly-funded and publicly-administered health care system. Further, there are no clear benchmarks to assess what level of spending would be desirable.

2004-05 Financial Results

2004-2005 Financial Results

In order to ensure that we remain fully accountable to the government and to the people of this province, we need to manage the following risks and challenges, making sure:

- available funding goes to the highest priority health needs;
- we get value for the money we provide;
- we comply with existing legislation and regulations;
- the proper controls are in place to ensure the safety of the assets of the Department; and
- we appropriately report results to the public, the legislature, and our partners in the health system.

There are a number of ways we do this. These include:

- *Audited results* - The Provincial Auditor's Office has legislative responsibility to audit Saskachewan Health and to publish the results.
- *Accountable to Legislature* - Saskatchewan Health, like all government departments, is required to appear before the Public Accounts Committee of the Legislature. Also, the annual health budget is published in the Budget Estimates, spending is detailed in the Public Accounts, and the Minister of Health appears before the Legislature's Committee of Finance.
- *Public reporting* - This Annual Report is one of the many reports published each year by the Department. Each report provides an important link in the provincial accountability framework.
- *Comparative reporting* - All provinces made a commitment in September 2000 to prepare public reports on the performance of their health systems.
- *Third-party agencies accountable* - The vast majority of health services that Saskatchewan people depend on are delivered through third parties such as the regional health authorities. As such, appropriate controls must be in place to ensure accountability for government funding directed to these agencies. Saskatchewan Health uses service agreements, audited financial statements and required reporting of results from these agencies to meet this goal.

Saskatchewan Health believes that these measures ensure the appropriate and effective use of health dollars and provide accountability to the people of Saskatchewan.

Saskatchewan Health Comparison of Actual Expenditure to Estimates

	2004-05 Estimates $000s*	2004-05 Actuals $000s	Variance $000s**	
Operating Expenditures:				
Administration	6,209	6,715	506	(1)
Accommodation & Central Services	5,136	4,994	(142)	
Regional Health Services				
Sun Country Regional Health Authority	80,194	80,555	361	
Five Hills Regional Health Authority	79,234	79,620	386	
Cypress Regional Health Authority	66,842	67,224	382	
Regina Qu'Appelle Regional Health Authority	483,380	483,142	(238)	
Sunrise Regional Health Authority	109,847	110,562	715	
Saskatoon Regional Health Authority	527,729	527,945	216	
Heartland Regional Health Authority	53,314	53,638	324	
Kelsey Trail Regional Health Authority	61,374	61,428	54	
Prince Albert Parkland Regional Health Authority	99,653	100,726	1,073	
Prairie North Regional Health Authority	104,122	104,890	768	
Mamawetan Churchill River Regional Health Authority	13,208	13,518	310	
Keewatin Yatthé Regional Health Authority	15,401	15,433	32	
Athabasca Regional Health Authority Inc.	3,164	3,466	302	
Saskatchewan Cancer Agency	54,699	56,638	1,939	
Facilities - Capital	22,086	31,028	8,943	(2)
Equipment - Capital	18,000	49,600	31,600	(2)
Regional Targeted Programs and Services	23,618	35,033	11,415	(3)
Regional Programs Support	13,160	16,871	3,711	(1)
SUBTOTAL	**1,829,822**	**1,891,315**	**62,293**	
Provincial Health Services				
Canadian Blood Services	35,580	38,246	2,662	(4)
Provincial Targeted Programs and Services	28,252	29,942	3,690	(1)
Provincial Laboratory	11,565	13,207	1,642	(5)
Health Research	5,933	5,933	-	
Health Quality Council	5,000	4,805	(195)	
Immunizations	5,254	6,734	1,480	(6)
Saskatchewan Health Information Network	12,380	27,880	15,500	(2)
Provincial Programs Support	11,131	11,247	116	
SUBTOTAL	**113,096**	**137,993**	**24,895**	
Medical Services & Medical Education Programs				
Medical Services - Fee-for-Service	341,827	336,358	(5,469)	(7)
Medical Services - Non-Fee-for-Service	67,957	65,911	(2,046)	
Medical Education System	25,471	23,614	(1,857)	(8)
Chiropractic Services	7,671	8,281	610	(9)
Optometric Services	3,529	3,673	144	
Dental Services	1,556	1,499	(59)	
Out-of-Province	67,595	68,670	1,075	
Program Support	3,734	3,865	131	
SUBTOTAL	**519,342**	**511,871**	**(7,471)**	
Drug Plan & Extended Benefits				
Saskatchewan Prescription Drug Plan	170,860	167,575	(3,285)	(7)
Saskatchewan Aids to Independent Living	26,105	26,385	280	
Supplementary Health Program	13,845	14,923	1,078	(4)
Family Health Benefits	5,989	4,425	(1,564)	(7)
Multi-Provincial Human Immunodeficiency Virus Assistance	244	230	(14)	
Program Support	2,637	2,666	19	
SUBTOTAL	**219,680**	**216,174**	**(3,506)**	
Early Childhood Development	**7,608**	**7,587**	**(21)**	
TOTAL APPROPRIATION	**2,706,095**	**2,776,640**	**76,554**	
Supplementary Estimates and Special Warrant	**79,300**			
REVISED APPROPRIATION	**2,779,395**	**2,776,649**	**(2,746)**	
Capital Asset Acquisition	**(275)**	**(1,189)**	**(894)**	(9)
Capital Asset Amortization	**596**	**729**	**133**	
Change in Other Assets	**0**	**(2,248)**	**(2,248)**	(10)
REVISED TOTAL EXPENSE	**2,779,716**	**2,773,961**	**(5,755)**	
FTE STAFF COMPLEMENT	**638.0**	**608.5**	**(29.5)**	

* Excludes Supplementary Estimates, November 2004 and includes restated FTE budget.

** See below for explanations of significant variances between 2004-05 estimates and 2004-05 actuals that are greater than 5% and greater than $500,000, and/or greater than $2,700,000 (0.1% of total department expense.)

Explanations for significant variances are primarily the result of:

(1) Increased costs offset by corresponding revenue or savings in other sub-programs.
(2) Increased expenditures offset by federal funding received as a result of the First Ministers Agreement (Sept. 04).
(3) Increased expenditures offset by federal funding received as a result of the First Ministers Agreement (Sept. 04); special warrant funding received for an outstanding liability; and increased costs offset by corresponding savings in other sub-programs.
(4) Increased program utilization.
(5) Increased utilization and laboratory supply costs.
(6) Increased costs of expanded childhood immunization offset by revenue.
(7) Decreased program utilization.
(8) Offsets to other programs for medical remuneration.
(9) Increased purchases of capital assets partially offset by federal funding.
(10) Changes in vaccine inventory.

Saskatchewan Health Comparison of Actual Expenditure to Estimates

	2004-05 Estimates $000s	2004-05 Actuals $000s	Variance $000s**	
Other Own-source Revenue				
Interest, premium, discount, and exchange	26	66	40	
Licenses and Permits	127	116	(11)	
Sales, services, and service fees	5,019	4,551	(468)	
Other	398	4,794	4,396	(1)
Total	**5,570**	**9,527**	**3,957**	
Transfers from the Federal Government	**15,082**	**14,491**	**(591)**	
Total Revenue	**20,652**	**24,018**	**3,366**	

**See below for explanations of significant variances between 2004-05 estimates and 2004-05 actuals that are greater than $1,000,000.

Explanations for significant variances are primarily the result of:

(1) Increases in revenue offset by increases in expenditures and various refunds from previous years expenditures.

The Department collects revenue relating to various health-related Federal Government initiatives and fees on behalf of Government. Federal transfers include Primary Health Care initiatives, air ambulance, Youth Criminal Justice Act implementation, alcohol and drug rehabilitation and employment assistance for persons with disabilities. Revenue is also received for such items as Vital Statistics services, Personal Care Home licenses and water testing. All revenue collected is deposited into the General Revenue Fund.

2004-05 Actual Capital Expenditure for Saskatchewan Health

Capital Projects

Regional Health Authority	Community/Facility	Project Description	2004-05 Actual Expenditure
Athabasca	Stony Rapids	Complete Hospital Project	72,500
Athabasca	Various	Block Funding	100,000
Cypress	Swift Current	Cypress Regional Hospital	3,008,750
Cypress	Herbert	Facility Integration	1,105,000
Cypress	Various	Block Funding	419,411
Five Hills	Moose Jaw	Renal Satellite Site	163,500
Five Hills	Various	Block Funding	635,000
Heartland	Kindersley	Medical Gas Repairs	130,000
Heartland	Outlook	Addition to Pioneer Home	1,500,000
Heartland	Various	Block Funding	410,000
Keewatin Yatthé	Ile a la Crosse	Integrated Facility	2,655,250
Keewatin Yatthé	Various	Housing	500,000
Keewatin Yatthé	Various	Block Funding	75,000
Kelsey Trail	Various	Block Funding	410,000
Mamawetan Churchill River	Various	Housing	500,000
Mamawetan Churchill River	Various	Block Funding	55,000
Prairie North	Various	Block Funding	805,000
Prince Albert Parkland	Various	Block Funding	552,000
Regina Qu'Appelle	Fort Qu'Appelle	All Nations Healing Hospital	1,200,000
Regina Qu'Appelle	Moosomin	Integrated Facility	1,500,000
Regina Qu'Appelle	Regina	General Hospital - Mother and Baby Care	500,000
Regina Qu'Appelle	Various	Block Funding	2,686,000
Saskatoon	Various	Block Funding	3,313,652
Sun Country	Weyburn	Tatagwa View Long Term Care Facility	1,970,000
Sun Country	Various	Block Funding	640,000
Sunrise	Yorkton	Long Term Care Addition	5,407,000
Sunrise	Various	Block Funding	715,000
Capital FacilitiesTotal			**$ 31,028,063**

Note

Block funding is provided to regional health authorities to support ongoing capital maintenance needs in facilities within the region.

2004-05 Actual Capital Expenditure for Saskatchewan Health

Capital Equipment

Regional Health Authority	Safe Workplaces and Patient Care	Diagnostic Imaging	Medical Technology Fund	2004-05 Actual Total Expenditure
Athabasca	24,000	-	64,050	88,050
Cypress	910,000	250,000	452,000	1,612,000
Five Hills	910,000	250,000	878,000	2,038,000
Heartland	580,000	-	367,200	947,200
Keewatin Yatthé	104,000	-	70,000	174,000
Kelsey Trail	560,000	-	316,000	876,000
Mamawetan Churchill River	72,000	-	100,000	172,000
Prairie North	1,440,000	2,030,000	639,000	4,109,000
Prince Albert Parkland	980,000	1,050,000	723,000	2,753,000
Regina Qu'Appelle	4,200,000	6,750,000	4,660,000	15,610,000
Saskatoon	4,430,000	3,820,000	5,309,000	13,559,000
Sun Country	830,000	-	399,000	1,229,000
Sunrise	1,260,000	250,000	1,122,750	2,632,750
Saskatchewan Cancer Agency	3,000,000	-	400,000	3,400,000
Saskatchewan Association of Health Organizations	400,000	-		400,000
Total Capital Equipment	**$19,700,000**	**$14,400,000**	**$15,500,000**	**$49,600,000**

Notes

Medical Technology Fund - Funding in support of ongoing equipment replacement.

Diagnostic Imaging - Funding in support of the provincial diagnostic imaging strategy. Initial budget of $2.5M supplemented by an additional $11.9M from First Ministers' Meeting Funding.

Targeted Incremental Funding - Funding from First Minister's Meeting, targeted specifically at: equipment supporting safe workplaces ; patient care equipment; equipping surgical suites; developing additional telehealth sites; and purchase of a linear accelerator.

2004-05 Guaranteed Debt

Guaranteed Debt	2004-05
	(000s)
i. Beginning Balance	$ 57
ii. Additions to Guaranteed Debt	0
iii. Reductions to Guaranteed Debt	(19)
iv. Ending Balance (i+ii+iii)	**$ 38**

Guarantees arose in the 1958-65 period when CMHC, as a condition of providing mortgage financing for special-care home bed facilities construction, required that loans be guaranteed by the Province. In 1965, amendments to federal legislation enabled mortgages to be financed by the bank with CMHC acting as the insurer without a guarantee by the Province. At March 31, 2005, there was 1 outstanding mortgage totalling $38,000.

The mortgages have amortization periods of 40 to 50 years and are all scheduled to be retired by 2015.

No new guarantees have been provided by the Province since 1965.

2004-05 Regional Health Authorities' Statement of Operations

STATEMENT OF OPERATIONS	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland
Operating Revenues							
Saskatchewan Health - General Revenue Fund	81,230,219	81,165,943	68,232,024	493,632,879	111,125,999	542,570,000	53,391,241
Other Government Jurisdiction Revenue	420,176	592,146	194,534	9,462,094	204,509	9,331,000	131,066
Out-of-Province/Third Party Reimbursements	10,714,814	4,881,224	7,966,457	25,886,363	15,461,436	20,844,000	9,456,115
Donations	449,907	48,409	83,220	261,964	83,464	64,000	64,065
Investment Income	163,108	278,503	162,218	142,092	60,903	357,000	151,029
Ancillary Operations	-	144,584	-	3,566,260	24,696	9,689,000	31,088
Other	442,650	736,262	218,837	9,193,775	1,837,706	2,671,000	461,154
Total Operating Revenue	**93,420,874**	**87,847,071**	**76,857,290**	**542,145,427**	**128,798,713**	**585,526,000**	**63,685,758**
Operating Expenses:							
Province Wide Acute Care Services	-	590,304	457,625	40,573,107	1,237,196	33,728,000	28,863
Acute Services	21,332,011	32,424,832	24,758,588	262,362,547	45,929,314	302,500,000	12,968,915
Physician Compensation	730,496	2,492,676	4,062,505	37,717,513	3,271,550	33,729,000	273,475
Supportive Care Services	42,968,269	27,961,910	26,229,210	93,276,721	46,836,689	94,981,000	30,233,576
Home Based Service - Supportive Care	5,765,694	4,639,168	4,797,387	15,336,939	6,926,933	20,036,000	5,110,819
Population Health Services	3,198,651	2,685,983	1,689,241	13,429,588	3,113,953	13,699,000	2,284,030
Community Care Services	4,320,626	4,116,618	3,343,518	16,208,670	5,573,580	21,315,000	2,650,469
Home Based Service - Acute & Palliative	845,129	1,202,921	566,150	5,546,445	1,470,730	3,819,000	550,283
Primary Health Care Services	2,540,928	951,475	2,834,957	6,387,182	818,253	4,451,000	2,992,667
Emergency Response Service	3,231,761	1,973,565	2,221,321	8,145,967	3,287,612	5,205,000	2,841,715
Mental Health Services - Inpatient	1,543,514	1,920,396	1,092,155	8,053,209	1,706,560	5,413,000	-
Addiction Services - Residential	-	705,507	-	-	-	1,253,000	350,000
Physician Compensation	2,748,364	1,393,670	934,988	3,240,069	1,304,874	1,626,000	283,108
Program Support Services	4,046,267	3,149,697	3,532,417	25,798,223	5,509,978	31,104,000	2,945,343
Special Funded Programs	143,152	705,651	98,078	3,863,821	1,573,350	5,690,000	321
Ancillary	-	125,732	150,000	761,341	652,856	4,835,000	-
Total Operating Expenses	**93,414,862**	**87,040,105**	**76,768,140**	**540,701,342**	**129,213,428**	**583,384,000**	**63,513,584**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**6,012**	**806,966**	**89,150**	**1,444,085**	**(414,715)**	**2,142,000**	**172,174**
Operating Fund Balance - Beginning of the Year	(413,546)	1,227,902	(744,373)	(56,980,198)	(22,216,261)	(28,814,000)	5,045
Interfund Transfers	(4,049,212)	(806,966)	(230,510)	(85,720)	(542,423)	(214,000)	(52,076)
Equity Adjustments	-	-	-	-	-	-	-
Total Adjustments to Equity	(4,049,212)	(806,966)	(230,510)	(85,720)	(542,423)	(214,000)	(52,076)
Operating Fund Balance - End of Year	(4,456,746)	1,227,902	(885,733)	(55,621,833)	(23,173,399)	(26,886,000)	125,143
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	1,916,970	10,307,064	5,363,669	111,435	303,822	34,535,000	7,253,336
Accounts Receivable:							
Saskatchewan Health	100,000	191,935	274,341	2,591,592	118,249	2,450,000	-
Other	977,574	759,233	1,615,272	11,086,837	1,631,408	10,190,000	749,748
Inventory	730,488	800,890	900,814	3,520,310	1,431,812	5,027,000	974,878
Prepaid Expenses	525,546	633,713	235,605	3,897,984	527,591	834,000	320,319
Investments	885,649	11,525	569,524	328,987	301,546	-	593,117
Restricted Assets	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-
Total Operating Assets	**5,136,227**	**12,704,360**	**8,959,225**	**21,537,145**	**4,314,428**	**53,036,000**	**9,891,398**
Liabilities and Operating Fund Balance							
Accounts Payable	1,149,937	2,840,649	2,104,210	25,722,412	2,955,088	28,791,000	2,174,636
Bank Indebtedness	-	-	-	5,028,851	11,009,622	-	-
Accrued Liabilities	7,779,279	5,989,696	6,393,743	40,452,445	12,416,164	43,152,000	6,063,589
Deferred Revenue	663,757	2,646,113	1,347,005	5,955,270	1,106,953	7,979,000	1,528,030
Total Liabilities	**9,592,973**	**11,476,458**	**9,844,958**	**77,158,978**	**27,487,827**	**79,922,000**	**9,766,255**
Externally Restricted	712,044	-	100,960	-	-	-	-
Internally Restricted	156,337	104,470	362,782	-	26,935	-	-
Unrestricted	(5,325,127)	1,123,432	(1,349,475)	(55,621,833)	(23,200,334)	(26,886,000)	125,143
Operating Fund Balance	**(4,456,746)**	**1,227,902**	**(885,733)**	**(55,621,833)**	**(23,173,399)**	**(26,886,000)**	**125,143**
Total Liabilities and Operating Fund Balance	**5,136,227**	**12,704,360**	**8,959,225**	**21,537,145**	**4,314,428**	**53,036,000**	**9,891,398**

2004-05 Regional Health Authorities' Statement of Operations

STATEMENT OF OPERATIONS	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthé	Grand Total
Operating Revenues						
Saskatchewan Health - General Revenue Fund	61,670,835	101,932,284	105,602,568	13,907,901	15,980,379	1,730,442,272
Other Government Jurisdiction Revenue	293,487	1,516,460	15,869,626	43,186	75,000	38,133,284
Out-of-Province/Third Party Reimbursements	7,563,945	7,594,717	12,646,715	326,681	891,240	124,233,707
Donations	28,285	23,097	355,375	-	-	1,461,786
Investment Income	118,708	69,681	284,378	15,942	13,508	1,817,070
Ancillary Operations	551,569	1,078,317	335,600	98,210	-	15,519,324
Other	699,900	621,591	2,599,401	607,736	240,141	20,330,153
Total Operating Revenue	**70,926,729**	**112,836,147**	**137,693,663**	**14,999,656**	**17,200,268**	**1,931,937,596**
Operating Expenses:						
Province Wide Acute Care Services	571,678	1,203,822	15,724,027	91,510	55,968	94,262,100
Acute Services	25,105,341	42,132,190	44,792,967	4,587,331	5,953,909	824,847,945
Physician Compensation	1,211,617	8,260,020	4,224,802	53,360	12,512	96,039,526
Supportive Care Services	25,458,912	30,817,132	35,410,204	399,738	443,248	455,016,609
Home Based Service - Supportive Care	4,312,642	5,451,837	5,119,522	153,486	-	77,650,427
Population Health Services	2,400,772	3,405,084	3,567,959	2,071,034	1,831,466	53,376,761
Community Care Services	1,754,168	6,669,266	6,644,615	1,642,126	1,369,624	75,608,280
Home Based Service - Acute & Palliative	401,517	1,737,068	1,193,790	717,291	897,834	18,948,158
Primary Health Care Services	1,866,561	812,921	4,834,275	1,991,670	1,853,168	32,335,057
Emergency Response Service	2,145,734	2,207,712	3,435,620	688,931	1,342,467	36,727,405
Mental Health Services - Inpatient	853,884	3,421,596	1,723,086	-	-	25,727,400
Addiction Services - Residential	448,472	-	628,355	244,973	480,079	4,110,386
Physician Compensation	1,426,461	1,197,814	1,836,132	357,219	1,018,654	17,367,353
Program Support Services	3,463,768	4,741,871	5,729,056	1,560,675	1,975,711	93,557,006
Special Funded Programs	577,779	784,167	2,267,174	222,106	-	15,925,599
Ancillary	-	625,106	155,866	11,872	-	7,317,773
Total Operating Expenses	**71,999,306**	**113,467,606**	**137,287,450**	**14,793,322**	**17,234,640**	**1,928,817,785**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**(1,072,577)**	**(631,459)**	**406,213**	**206,334**	**(34,372)**	**3,119,811**
Operating Fund Balance - Beginning of the Year	129,857	(6,096,511)	(619,096)	(537,998)	306,752	(114,752,427)
Interfund Transfers	(96,157)	(51,582)	34,060	-	-	(6,094,586)
Equity Adjustments	-	-	-	-	-	-
Total Adjustments to Equity	(96,157)	(51,582)	34,060	-	-	(6,094,586)
Operating Fund Balance - End of Year	(1,038,877)	(6,779,552)	(178,823)	(331,664)	272,380	(117,727,202)
STATEMENT OF FINANCIAL POSITION						
Operating Assets:						
Cash and Short-term Investments	4,512,144	2,612,379	10,040,715	1,664,816	1,646,526	80,467,876
Accounts Receivable:						
Saskatchewan Health	153,161	26,323	305,856	7,000	140,775	6,359,232
Other	1,021,704	1,324,366	1,462,090	1,254,115	646,298	32,718,645
Inventory	816,874	783,857	1,570,399	131,584	194,016	16,882,922
Prepaid Expenses	349,341	723,476	1,289,356	85,242	52,250	9,474,423
Investments	182,348	-	1,791,211	-	-	4,663,907
Restricted Assets	-	-	-	-	-	-
Other	35,669	-	-	-	-	35,669
Total Operating Assets	**7,071,241**	**5,470,401**	**16,459,627**	**3,142,757**	**2,879,865**	**150,602,674**
Liabilities and Operating Fund Balance						
Accounts Payable	1,650,752	3,074,991	3,569,784	1,086,052	651,118	75,770,629
Bank Indebtedness	-	-	-	-	-	16,038,473
Accrued Liabilities	6,166,882	8,289,228	11,218,314	902,284	869,090	149,692,714
Deferred Revenue	292,484	885,734	1,850,352	1,486,085	1,087,277	26,828,060
Total Liabilities	**8,110,118**	**12,249,953**	**16,638,450**	**3,474,421**	**2,607,485**	**268,329,876**
Externally Restricted	-	-	-	-	-	813,004
Internally Restricted	-	-	297,044	-	-	947,568
Unrestricted	(1,038,877)	(6,779,552)	(475,867)	(331,664)	272,380	(119,487,774)
Operating Fund Balance	**(1,038,877)**	**(6,779,552)**	**(178,823)**	**(331,664)**	**272,380**	**(117,727,202)**
Total Liabilities and Operating Fund Balance	**7,071,241**	**5,470,401**	**16,459,627**	**3,142,757**	**2,879,865**	**150,602,674**

2005-2006 Budget Overview

	2005-06 Estimates $000s
Central Management and Services	13,104
Regional Health Services	1,964,061
Provincial Health Services	127,182
Medical Services and Medical Education Programs	541,282
Drug Plan and Extended Benefits	238,176
Early Childhood Development	8,712
Provincial Laboratory Infrastructure Project	1,249
Total Appropriation	**2,893,766**
Capital Asset Acquisition	(1,724)
Capital Asset Amortization	757
Total Expense	**2,892,799**

Approximately 90% of the 2005-06 budget will be provided to third parties (e.g. Regional Health Authorities and physicians) to provide health care services for the residents of Saskatchewan. The majority of the remaining budget will be used for the Saskatchewan Prescription Drug Plan and extended benefits programs.

For More Information

Detailed information about Saskatchewan Health's programs and services is available on the Web site **www.health.gov.sk.ca**

Specific contact information is also available for a variety of health services in Appendix VI: Saskatchewan Directory of Services. Further inquiries can be made to Saskatchewan Health at **webmaster@health.gov.sk.ca**

Comments on the 2004-05 Performance Plans can also be directed to the Web-master.

Appendices

Appendix I: Summary of Saskatchewan Health Legislation

The Ambulance Act

- Regulates emergency medical service personnel and the licensing and operation of ambulance services.

The Cancer Foundation Act

- Sets out funding relationship between Saskatchewan Health and the Saskatchewan Cancer Foundation and its responsibility to provide cancer related services.

The Change of Name Act, 1995

- Administers the registration of legal name changes for residents of Saskatchewan.

The Chiropody Profession Act

- Regulates the profession of chiropody/ podiatry but will be repealed once *The Podiatry Act* is proclaimed in force.

The Chiropractic Act, 1994

- Regulates the chiropractic profession.

The Dental Care Act

- Governed the department's former dental program and currently allows for the subsidy program for children receiving dental care in northern Saskatchewan.

The Dental Disciplines Act

- Omnibus statute regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

The Department of Health Act

- Provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

The Dietitians Act

- Regulates dietitians in the province.

The Emergency Medical Aid Act

- Provides protection from liability for physicians, nurses and others when they are providing, in good faith, emergency care outside a hospital or place with adequate facilities or equipment.

The Health District Act

- Most of the provisions within this Act have been repealed with the proclamation of most sections of *The Regional Health Services Act*. Provisions with regards to payments by amalgamated corporations to municipalities.

Appendix I: Summary of Saskatchewan Health Legislation

The Health Facilities Licensing Act

- Governs the establishment and regulation of health facilities such as non-hospital surgical clinics.

The Health Information Protection Act

- Protects personal health information in the health system in Saskatchewan and establishes a common set of rules that emphasize the protection of privacy, while ensuring that information is available to provide efficient health services.

The Health Quality Council Act

- Governs the Health Quality Council which is an independent, knowledgeable voice that provides objective, timely, evidence-based information and advice for achieving the best possible health care using available resources within the province.

The Hearing Aid Act

- Governed the Department-run hearing aid and audiology program. However, since this program program is now run by the regional health authorities, it no longer has any application.

The Hearing Aid Sales and Services Act *(not yet proclaimed)*

- Regulates private businesses involved in the testing of hearing and the selling of hearing aids.

The Hospital Standards Act

- Provides the standards to be met for services delivered in hospitals.

The Housing and Special-care Homes Act

- Regulates the establishment, licensing and funding of special-care homes (long term care facilities) in the province.

The Human Tissue Gift Act

- Regulates organ donations in the province.

The Licensed Practical Nurses Act, 2000

- Regulates licensed practical nurses in the province.

The Medical and Hospitalization Tax Repeal Act

- Ensures premiums cannot be levied under *The Saskatchewan Hospitalization Act* or *The Saskatchewan Medical Care Insurance Act*.

The Medical Laboratory Licensing Act, 1994

- Governs the operation of medical laboratories in the province.

The Medical Laboratory Technologists Act

- Regulates the profession of medical laboratory technology.

Appendix I: Summary of Saskatchewan Health Legislation

The Medical Profession Act, 1981

- Regulates the profession of physicians and surgeons.

The Medical Radiation Technologists Act

- Regulates the profession of medical radiation technology.

The Mental Health Services Act

- Regulates the provision of mental health services in the province and the protection of persons with mental disorders.

The Midwifery Act *(not yet proclaimed)*

- Will regulate midwives in the province.

The Mutual Medical and Hospital Benefit Associations Act

- Sets out the authority for community clinics to operate in Saskatchewan.

The Naturopathy Act

- Regulates naturopathic physicians in Saskatchewan.

The Occupational Therapists Act, 1997

- Regulates the profession of occupational therapy.

The Ophthalmic Dispensers Act

- Regulates opticians in the province.

The Optometry Act, 1985

- Regulates the profession of optometry.

The Osteopathic Practice Act

- Regulates osteopathic physicians in Saskatchewan.

The Personal Care Homes Act

- Regulates the establishment, size and standards of services of personal care homes.

The Pharmacy Act, 1996

- Regulates pharmacists and pharmacies in the province.

The Physical Therapists Act, 1998

- Regulates the profession of physical therapy.

The Prescription Drugs Act

- Provides authority for the provincial drug plan and the collection of data for all drugs dispensed within the province.

The Psychologists Act, 1997

- Regulates psychologists in Saskatchewan.

The Public Health Act

- Sections 85-88 of this Act remain in force in order that governing boards of some facilities can continue to operate.

The Public Health Act, 1994

- Provides authority for the establishment of public health standards, such as public health inspection of food services.

Appendix I: Summary of Saskatchewan Health Legislation

The Regional Health Services Act

- This Act addresses the governance and accountability of the regional health authorities, establishes standards for the operation of various health programs and will repeal *The Health Districts Act*, *The Hospital Standards Act* and *The Housing and Special-care Homes Act*.

The Registered Nurses Act, 1988

- Regulates registered nurses in Saskatchewan.

The Registered Psychiatric Nurses Act

- Regulates the profession of registered psychiatric nursing.

The Saskatchewan Health Research Foundation Act

- Governs the Saskatchewan Health Research Foundation, which designs, implements, manages and evaluates funding programs to support a balanced array of health research in the province of Saskatchewan.

The Saskatchewan Medical Care Insurance Act

- Provides the authority for the province's medical care insurance program and payments to physicians.

The Senior Citizens' Heritage Program Act

- This Act provided the authority for an obsolete low-income senior citizens program.

The Speech-Language Pathologists and Audiologists Act

- Regulates speech-language pathologists and audiologists in the province.

The Tobacco Control Act

- The purpose of this Act is to control the sale and use of tobacco and tobacco-related products in an effort to reduce tobacco use, especially among Saskatchewan young people and to protect young people from exposure to second-hand smoke.

The Vital Statistics Act, 1995

- Administers the registration of births, deaths, marriages, adoptions and divorces in the Province of Saskatchewan.

The White Cane Act

- Sets out the province's responsibilities with respect to services for the visually impaired.

Appendix II: Legislative Amendments

During the 2004-05 fiscal year, there were a number of Bills that received royal assent, received royal assent and came into force or were proclaimed in force.

The Vital Statistics Amendment Act, 2004 (No. 2)

The Vital Statistics Act governs the registration of births, marriages and deaths that occur in Saskatchewan and the release of documents and information associated with those registrations. The Act allows the director to compile, publish and distribute statistical information respecting births, marriages and deaths. The amendments authorize Vital Statistics to publish genealogical indices such as computerized databases of births, deaths and marriages. This Bill received royal assent on November 30, 2004.

The Medical Professions Amendment Act, 2004

This Act changes governance requirements for the College of Physicians and Surgeons. The specific amendments will:

- provide administrative bylaw-making authority prescribing the number of electoral divisions, the boundaries, the procedures for election of members and the number and terms of office of the elected members of the council; and
- provide regulatory bylaw-making authority for the college to set standards for continuing education and require member participation in continuing education.

This Bill received royal assent on November 30, 2004.

Legislation before the Legislative Assembly in Spring 2004 and received Royal Assent in the 2004-2005 Fiscal Year

The Psychologists Amendment Act, 2004
June 10, 2004

The Vital Statistics Amendment Act, 2004
June 10, 2004

The Public Health Amendment Act, 2004
June 17, 2004

The Regional Health Services Amendment Act, 2004
June 17, 2004

The Tobacco Control Amendment Act, 2004
June 17, 2004

Appendix III: Regulations

A number of regulatory amendments were made in 2004-05.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2004

The regulation amendments:

- implemented a new chiropractic fee schedule to reflect the terms of the existing negotiated contract; and
- implemented a new physician fee schedule which included funding for a new fee schedule item to be consistent with the terms of the existing negotiated contract.

These amended regulations came into effect on April 1st, 2004.

The Attending Health Professionals Regulations

These new regulations came into effect on April 28th, 2004. It was necessary to remove existing barriers in the current provisions within The Hospital Standards Regulations, 1980, which specify which professions may admit, attend, diagnose, treat or discharge patients in hospitals and health centres. Current provisions respecting what physicians, dentists and chiropractors can do in board facilities in regard to attending, diagnosing and treating patients were moved and updated in these new regulations. Specifications of what registered nurse/nurse practitioners can do in terms of attending, diagnosing and treating patients were added to the legislative framework through these new regulations.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2004 (No. 2)

The amendments came into effect on April 28, 2004. They provide the authority for radiologists to be paid for reviewing, interpreting and making a report for diagnostic imaging examinations that have been ordered by a registered nurses/nurse practitioner.

The Drug Schedules Amendment Regulations, 2004

The amendments prescribe registered nurse/nurse practitioners (RN/NPs) as practitioners and allow RN/NP's to prescribe drugs listed on the provincial formulary. The amendments came into effect on April 28, 2004.

The Medical Laboratory Licensing Amendment Regulations, 2004

These regulatory amendments permit medical laboratories to perform tests ordered by a registered nurse/nurse practitioner. These amendments came into effect on April 28, 2004.

The Hospital Standards Amendment Regulations, 2004

Existing barriers in The Hospital Standards Regulations, 1980, which specify which professions may admit, attend, diagnose, treat or discharge patients in hospitals and health centres, were updated through The Attending Health Professionals Regulations. These regulations took effect on April 28, 2004.

Appendix III: Regulations

The Housing and Special-Care Homes Amendment Regulations, 2004

The amendments allow special-care home staff to implement orders made and to administer medications prescribed by RN/NPs for their residents. The amended regulations came into effect on April 28, 2004.

The Saskatchewan Aids to Independent Living Amendment Regulations, 2004

These regulations were amended to allow the following:

- provide Saskatchewan Aids to Independent Living (SAIL) beneficiaries with a benefit made by the Government for costs associated with their medical and other supplies, and drugs and medications prescribed for them when these things are ordered or prescribed by RN/NPs; and
- provide SAIL beneficiaries with a benefit when services required for the remedial care and treatment of a person with a disability is recommended by physicians or RN/NPs.

The amended regulations came into effect on April 28, 2004.

The Saskatchewan Assistance Plan Supplementary Health Benefits Amendment Regulations, 2004

These regulatory changes allow individuals to receive benefits, in some situations, under the Supplementary Health and Family Health Benefits Programs, when non-formulary drugs, megavitamins or allergenic extracts are prescribed by a registered nurse/nurse practitioner (RN/NP). Amendments to these regulations came into effect on April 28, 2004 and do the following:

- define the term nurse practitioner;
- provide the authority for beneficiaries of the Supplementary Health and Family Health Benefits Program to receive a benefit when a RN/NP prescribes non-formulary drugs;
- provide the authority for beneficiaries of the Supplementary Health and Family Health Benefits Program who reside in a special-care home or a mental health facility to receive a benefit when a RN/NP prescribes non-formulary drugs; and
- provide the authority for beneficiaries of the Supplementary Health and Family Health Benefits Program to receive a benefit when a RN/NP prescribes megavitamins or allergenic extracts.

The Prescription Drugs Amendment Regulations, 2004

Family Health Benefits were created as part of the Government's Building Independence Initiative to assist with the cost of raising healthy children. In the 2004-05 budget, the Government announced a plan to increase the income thresholds to qualify persons to receive the Family Health Benefits. These regulations were amended and came into force on June 9, 2004.
They extend prescription drug benefits to a further range of low income working families by increasing the qualifying income thresholds.

Appendix III: Regulations

The Saskatchewan Assistance Plan Supplementary Health Benefits Amendment Regulations, 2004 (No. 2)

These amended regulations provide extended health benefits to a range of qualifying individuals and families. The benefits include basic dental services, optical examinations and glasses, medical supplies, podiatry and chiropractic services. Beneficiaries include those in receipt of provincial social assistance, children in the care of the Minister of Community Resources and Employment, inmates of provincial correctional centres, and low income working families who may be receiving the Saskatchewan Child Benefit of the Saskatchewan Employment Supplement. The latter group's benefits are known as "Family Health Benefits". The amended regulations provide for the following:

- the fees for podiatry services provided by programs operated by Regional Health Authorities increased from $10 to $30 per visit; and
- the income thresholds that qualify persons to receive Family Health Benefits were adjusted to more low income families.

The amended regulations came into effect on June 9, 2004.

The Change of Name Amendment Regulations, 2004

The amended regulations increased the fee for a duplicate certificate of change of name from $20 to $25, and increased the fee for a certified copy of the declaration to register a spousal relationship and for a certified copy of the declaration to dissolve a spousal relationship from $25 to $50. These amendments took effect on June 16, 2004.

The Vital Statistics Amendment Regulations, 2004

These amended regulations increased the fees for vital event certificates from $20 to $25 and for certified copies of vital event registrations from $25 to $50. Vital event certificates includes birth, marriage and death certificates. The amended regulations came into effect on June 16, 2004.

The Regional Health Services Administration Amendment Regulations, 2004

Amendments to these regulations prescribed private and non-profit ambulance operators as health care organizations. The following occurred in the regulations:

- amended the table entitling "Persons Receiving Funding from Regional Health Authority Prescribed as Health Care Organizations" to prescribe private and non-profit ambulance operators as health care organizations; and
- amended the table entitled "Health Care Organizations that may Amalgamate with Regional Health Authority" to prescribe non-profit ambulance operators as health care organizations that may be amalgamated with a regional health authority.

The amended regulations came into effect on June 16, 2004.

Appendix III: Regulations

The Chiropody Services Amendment Regulations, 2004

Each regional health authority has a podiatry program offering foot care services including assessment, intervention, prevention and education. Podiatrists commonly see people with bony or soft tissue deformities, nail deformities, wounds such as diabetic ulcers and gait abnormalities. The terms podiatry and chiropody are used interchangeably.

The amended regulations came into effect on June 30, 2004 and included the following:

- amended definitions and terms to update the change from district health board to regional health authority and to reflect the current definition of a registered nurse;
- updated the eligibility provisions to reflect the current authority for a resident to obtain a health card;
- increased the fee for non-residents from $32 to $60;
- repealed priority obligations to allow chiropodists/podiatrists to use their professional judgment in determining client priority; and
- increased the patient participation fee from $10 to $30.

The Prescription Drugs Amendment Regulations, 2004 (No. 2)

Amendments to these regulations provide for the authority to implement a Maximum Allowable Cost Policy for pharmaceuticals covered under the provincial drug plan. Under a Maximum Allowable Cost Program (MAC), the Drug Plan obtains expert advice on which prescription drug products within a group of similar medications are safe and beneficial, and the most cost effective. The price of the most cost effective, safe and beneficial drugs are used as a guide to set the maximum price the Drug Plan will cover for other similar drugs used to treat the same condition. A number of factors are considered when setting the MAC price such as the number of residents affected and the cost differences between products. These amendments came into effect on June 30, 2004.

Critical Incident Regulations

The Critical Incident Regulations formalize the Saskatchewan Health patient safety initiative requiring the reporting of critical incidents by regional health authorities and health care organizations. The new regulations came into effect on July 28th, 2004 and will:

- adopt the Saskatchewan Critical Incident Reporting Guideline, 2004;
- require all regional health authorities and health care organizations to provide notice to Saskatchewan Health of the occurrence of a critical incident within three days of the incident or upon becoming aware of the incident;
- specify what should be included and/or excluded from the notice; and
- require regional health authorities and health care organizations to investigate and submit a written report, within specific timeframes, to Saskatchewan Health detailing any practice, procedure or factor that may have contributed to the critical incident and

recommendations arising from the review.

The Prescription Drugs Amendment Regulations, 2004 (No. 3)

The amended regulations came into effect on July 28th, 2004. They prescribe the additional prescription drug information that proprietary pharmacies and public pharmacies must submit to Saskatchewan Health pursuant to 3.3(1) of The Prescription Drugs Act. The Prescription Drugs Amendment Act, 2002 provides the authority for the Minister to establish a database in which prescription information is to be recorded for all prescriptions in Saskatchewan, regardless of who pays for the prescription. Regulation making authority is provided in the Act to govern the information to be submitted by pharmacies with respect to drugs dispensed to persons in Saskatchewan. The amendment outlines additional data that pharmacies are required to provide, due to expanded collection to include prescriptions for people that are not covered by the Drug Plan and drugs that are not benefits of the Drug Plan.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2004 (No. 3)

Amendments to these regulations provide the authority for the payment of insured physician services on the basis of an amended payment schedule that took effect on October 1, 2004. In June 2003, Saskatchewan Health reached a three year agreement (April 1, 2003 to March 31, 2006) with the Saskatchewan Medical Association for payments for fees for service physicians.

The Medical Care Insurance Beneficiary and Administration Amendment Regulations, 2005

Amendments to these regulations include the following:

- provide authority for Saskatchewan residents whose occupations did not permit them to meet the six month annual physical presence requirement to retain their resident status and coverage eligibility during periods of absence from the province;
- provide Saskatchewan residents who are employed outside of Canada on employment contracts access to the same 60 day travel extension that is provided to Saskatchewan residents who are students attending educational institutions outside of Saskatchewan;
- provide authority for a non-Canadian spouse of a Saskatchewan resident/ beneficiary who is a Canadian citizen to qualify as a beneficiary before permanent resident status has been granted by Citizenship and Immigration Canada;
- provide consistency in the eligibility date between persons with spouses who re-locate to Saskatchewan from another province/territory of Canada in advance of that spouse, and returning Canadian citizens with spouses who have been living outside of Canada and who re-locate to Saskatchewan from outside of Canada in advance of their spouse; and
- provide consistency in the requirement for "full time student" status as a condition of eligibility for beneficiary

status for both a Saskatchewan resident asking to retain beneficiary status while attending school outside of Saskatchewan and for a visiting international student requesting beneficiary status under the "special resident" provisions of the Regulations.

The amendments came into effect on February 16th, 2005.

The Surgical Registry Regulations

These new regulations took effect on March 16, 2005 and do the following:

- establish a provincial surgical registry with a manager responsible for its operation;
- require regional health authorities and prescribed affiliates to submit specific information on planned surgeries, as listed in the Saskatchewan Surgical Registries Procedure List, within specific time frames, to the surgical registry;
- allow for a consistent urgency score to be assigned to the surgical procedure;
- require regional health authorities and prescribed affiliates to provide post surgical information to the registry manager within 14 days after the planned or emergency procedure; and
- allow for the release of some personal health information by the registry manager to regional health authorities and patient physicians to ensure the accuracy of patient information on the registry.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2005

The Regulations under the authority of The Saskatchewan Medical Care Insurance Act required amendments to provide authority for the payment of insured chiropractic services and for the payment of insured physician services. Both were based on an amended payment schedule effective April 1, 2005.

The Vital Statistics Amendment Regulations, 2005

The following forms were amended and took effect on March 16, 2005:

- the Registration of Live Birth and the Registration of Stillbirth were amended to permit a birth mother to choose not to acknowledge the birth father on the child's birth registration;
- the Registration of Marriage is useable for marriages solemnized between both heterosexual and same sex partners;
- the references to Bride and Groom on the Application for Marriage Certificate form have been removed;
- separate application forms for each of birth, marriage and death certificates are now available; and
- increase of the certificate fee from $20 to $25, this also includes a search period of three consecutive years or less.

Appendix IV: Critical Incidents

Saskatchewan continues to take the lead on patient safety initiatives in Canada. The reporting of critical incidents is one of those initiatives.

A "critical incident" is defined in the *Saskatchewan Critical Incident Reporting Guideline, 2004* as follows:

> By "critical incident" we mean a serious adverse health event including, but not limited to, the actual or potential loss of life, limb or function related to a health service provided by, or a program operated by, a regional health authority (RHA) or health care organization (HCO).

Saskatchewan is the first province in Canada to formalize critical incident reporting.

The province has an established network of professionals in place, including the provincial Quality of Care Coordinators, regional Quality of Care Coordinators, and Surgical Care Coordinators to ensure that patients have appropriate and timely access to quality health services, and that any concerns regarding the health system or delivery of health services are taken seriously.

The provincial Quality of Care Coordinators in the Acute and Emergency Services Branch of Saskatchewan Health are responsible for collecting reported information and entering it into a database designed for ongoing monitoring and tracking of critical incidents.

During 2004/05, **63 critical incidents** were reported to Saskatchewan Health.

Critical incidents were classified according to the following six categories described in the *Saskatchewan Critical Incident Reporting Guideline, 2004*:

- Surgical Events (10) – 15.9%
- Product or Device Events (5) – 7.9%
- Patient Protection Events (3) – 4.8%
- Care Management (30) – 47.6%
- Environmental Events (11) – 17.5%
- Criminal Events (4) – 6.3%

Appendix V: Saskatchewan Select Hospitals Data

Hospital Category	Community	Community Population 2004	Family Physicians March 2004 [a]	Specialists March 2004 [b]	Surgery Cases (Inpatient & Day Surgery) 2003-04 [c]	Births 2003-04	Acute Average Daily Patient Census 2003-04	Acute Beds Staffed March 2004
Provincial (5)	Saskatoon (3 hospitals)	210,517	178	396	37,147	3,900	578	618 [d]
	Regina (2 hospitals)	186,766	154	213	30,739	3,036	479	522 [d]
Regional (6)	Prince Albert [f]	40,382	42	40	5,662	1,264	83	106
	Moose Jaw	34,707	23	26	4,611	506	62	85
	Lloydminster [g]	22,686	9	10	2,592	677	37	48
	North Battleford	15,204	17	19	1,960	425	52	71
	Yorkton	17,186	12	21	3,602	587	60	85
	Swift Current	16,072	14	20	2,381	311	58	79
District (9)	Estevan	10,790	10	1	760	298	32	53
	Weyburn	10,080	12	1	473	77	24	40
	Meadow Lake [f]	6,524	10	0	517	384	17	32
	Melfort	5,898	7	4	882	115	22	39
	Humboldt	5,602	8	1	802	108	28	39
	Nipawin	5,075	10	1	315	127	22	33
	Kindersley	4,811	6	0	273	81	14	19
	Melville	4,595	4	0	314	17	18	30
	Tisdale	3,568	4	0	220	50	16	24
North (4)	La Ronge	4,626	8	0	23	85	9	18
	La Loche	2,929	3	0	1	5	4	10
	Ile a la Crosse	1,587	4	0	0	12	5	16
	Stony Rapids	974	2	0	4	0	2	10
Community (44)	Assiniboia	2,700	3	0	2	0	11	12
	Roselown	2,623	4	0	205	28	14	16
	Esterhazy	2,657	3	0	4	0	12	20
	Maple Creek	2,608	3	0	9	6	7	18
	Moosomin	2,557	7	0	147	34	16	27
	Biggar	2,439	3	0	2	0	8	13
	Unity	2,395	3	0	4	10	6	10
	Outlook	2,350	4	0	3	0	10	10
	Canora	2,441	4	1	5	0	12	16
	Hudson Bay	2,290	3	0	0	5	5	10
	Fort Qu'Appelle	2,359	4	0	2	2	9	12
	Wynyard	2,132	4	0	1	0	7	8
	Watrous	2,079	2	0	0	0	3	4
	Shaunavon	2,025	4	0	1	3	10	17
	Kamsack	1,966	5	0	20	12	17	20
	Indian Head	1,916	2	0	0	0	7	15
	Shellbrook	1,590	6	0	0	3	12	18
	Rosthern	1,578	6	0	12	38	16	30
	Wadena	1,461	2	0	1	2	8	12
	Lanigan	1,411	2	0	7	0	6	4
	Gravelbourg	1,298	2	0	0	0	7	9
	Preeceville	1,242	2	0	13	1	10	10
	Kerrobert	1,125	2	0	3	0	6	6
	Maidstone	1,202	3	0	0	0	6	22
	Spiritwood	1,189	3	0	3	2	8	9
	Davidson	1,141	1	0	0	0	1	2
	Kelvington	1,080	2	0	1	1	5	15
	Kipling	1,122	3	0	8	0	12	17
	Big River	1,125	2	0	0	0	4	10
	Wakaw	1,032	2	0	1	4	10	19
	Redvers	1,000	2	0	0	0	5	11
	Porcupine Plain	991	2	0	1	11	5	9
	Leader	951	2	0	1	0	7	22
	Wolseley	873	1	0	0	7	7	17
	Herbert	814	1	0	0	0	8	13
	Broadview	609	2	0	0	8	8	18
	Balcarres	620	1	0	3	0	7	6
	Arcola	579	0	0	3	2	6	11
	Central Butte	492	2	0	0	0	3	5
	Loon Lake	396	0	0	0	0	1	11
	Lestock	164	3	0	7	0	6	10
		673,201	**649**	**754**	**93,747**	**12,224**	**1,948**	**2 ,523**
All Saskatchewan (covered by Saskatchewan Health)		**1,018,057**						

(a) Family physicians (or general practitioners) who were active as of March 16, 2004. "Active" physicians are those with their own MSB billing number who earn $15,000 or more in Medical Services Plan payments in the quarter and are still in practice on the last day of the quarter. It also includes physicians on an alternate funding arrangement who submit $15,000 or more in shadow billings. Stony Rapids does not shadow bill, therefore the number of full-time funded positions is used.
(b) Specialists with active Medical Services Plan billing numbers. Specialists who practice in more than one location are registered in the community where they earn the majority of income, or (for those on contract) in the largest community.
(c) Surgical cases are identified using CIHI's 2000.01 CCP-based medical/surgical indicator (inpatient cases) and 1991 list of operative procedures (day surgery cases). An operative/non-operative flag has not yet been introduced for the new Canadian Classification of Interventions (CCI) coding system, which is now used by all Saskatchewan hospitals, so identification is based on converted procedure codes.
(d) Average of beds staffed and in operation in 2004-05.
(e) As of May, 2004.
(f) Among Regional and District hospitals, Prince Albert and Meadow Lake treat a high percentage of referrals from northern communities.
(g) The population of Lloydminster includes Lloydminster, Alberta. Family physician total excludes approximately 18 general practitioners who bill through Alberta Health.

Appendix VI: Saskatchewan Health Directory of Services

Visit our Web site at www.health.gov.sk.ca

Some forms and program information may be available online.

1. **For a map of Saskatchewan's Regional Health Authorities:**

   Visit the following Web site:
   www.health.gov.sk.ca/ph_rha_map.html
   or contact:
   Communications Branch - Saskatchewan Health
   3475 Albert Street
   Regina SK S4S 6X6
   Telephone: (306) 787-3696

2. **Local Regional Health Authority (RHA) offices:**

Cypress RHA	778-5100
Five Hills RHA	694-0296
Heartland RHA	882-4111
Keewatin Yatthe RHA	235-2220
Kelsey Trail RHA	873-3100
Mamawetan Churchill River RHA	425-2422
Prairie North RHA	446-6622
Prince Albert Parkland RHA	765-6100
Regina Qu'Appelle RHA	766-5365
Saskatoon RHA	655-1576
Sun Country RHA	842-8718
Sunrise RHA	786-0109
Athabasca Health Authority	439-2200
Saskatchewan Cancer Agency	585-1831

3. **To report changes to the health registry, or to obtain a health services card, or for more information concerning health registration:**

   Saskatchewan Health Registration
   Saskatchewan Health
   1942 Hamilton Street
   Regina SK S4P 3V7

   - Regina residents call: (306) 787-3251 or
   - Other residents within the province may call our toll-free number at: 1-800-667-7551

   Or, visit our Web site at www.health.gov.sk.ca
   Some of our froms may be available online.

4. **For problem gambling prevention and treatment services:**

   Toll-free Problem Gambling Help Line:
   1-800-306-6789

5. **For free information from a qualified Registered Nurse:**

   HealthLine 1-877-800-0002

6. **Supplementary Health Program and Family Health Benefits:**

   Regina residents call:
   - (306) 787-3124 for Supplementary Health Benefits
   - (306) 787-4723 for Family Health Benefits

   Other residents within the province may call toll-free:
   - 1-800-266-0695 for Supplementary Health Benefits
   - 1-877-696-7546 for Family Health Benefits

7. **For information about the Saskatchewan Air Ambulance program:**

   Telephone (306) 787-1586

8. **For Special Support applications for prescription drug costs:**

   Either contact your pharmacy, or:
   - Regina residents call (306)787-3317 or
   - Other residents within the province may call our toll-free number 1-800-667-7581

9. **For additional information about Saskatchewan Aids to Independent Living (SAIL):**

   Telephone (306)787-7121

10. **Out-of-province health services:**

    - Regina residents (306) 787-3437 or
    - Other residents within the province may call our toll-free number 1-800-667-7523

    Prescription Drug inquiries:
    - Regina residents (306) 787-3317
    - Other residents within the province may call our toll-free number 1-800-667-7581

11. **To obtain refunds for out-of-province physician and hospital services, and drug costs, forward bills to:**

    Claims and Benefits and Medical Services Plan
    Saskatchewan Health
    3475 Albert Street
    Regina SK S4S 6X6

    Drug Plan and Extended Benefits Branch
    Saskatchewan Health
    3475 Albert Street
    Regina SK S4S 6X6